



MNICCA

Membership
Application

Minnesota Independent Crop Consultants Association

The objective of the Association shall be to promote the profession of agricultural consulting in the State of Minnesota for the best interests of the agricultural community. The objective shall be best accomplished by the following:

1. Provide a state organization through which all members can unify their efforts to promote agricultural consulting.
2. Promote and upgrade the business of agricultural consulting as a profession with high standards of education and experience.
3. Encourage and participate in research on management principles and techniques.
4. Encourage and assist consultants to become a member of MNICCA, to seek current information, and to provide training concerning management principles and techniques.
5. Support agricultural production with the most economical methods that will least adversely affect the environment.
6. Assist in the formation and exchange of management philosophies.
7. Distinguish for the public the difference between independent consultants employed for a fee, and those consultants that may have a conflict of interest in giving advice on management. The term "independent" shall mean that the individual and/or firm which employs him does not sell agricultural products for a profit.
8. To assist in the formation or exchange of ideas pertaining to legislative activity.

MNICCA Membership Application Form

Section A

Membership Class *please check one*

- Voting - (\$50)
 Provisional (\$50)
 Student (\$10)
 Affiliate (\$25)
 Academic (\$25)
 Sustaining (\$200) – *see other form or only complete Section A*

Name _____

Company _____

Title _____ Mobile Phone _____

Work Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Spouse Name _____

Section B

γ Education

<i>College or University</i>	<i>Degree</i>	<i>Date Received</i>	<i>Major</i>	
_____	_____	_____	_____	□
_____	_____	_____	_____	□

<i>Professional Registry</i>	<i>Society</i>	<i>Number</i>	
_____	_____	_____	□
_____	_____	_____	□
_____	_____	_____	□

γ References

Professional References – List names and complete mailing addresses of five clients who have engaged your services during the past four years. If work done for a company, list the name of the individual you worked for. Please explain if less than five clients are listed.

<i>Client</i>	<i>Firm</i>	<i>Address</i>	<i>Telephone</i>	
_____	_____	_____	_____	□
_____	_____	_____	_____	□
_____	_____	_____	_____	□
_____	_____	_____	_____	□
_____	_____	_____	_____	□

Personal References – List two.

<i>Name</i>	<i>Address</i>	<i>Telephone</i>	
_____	_____	_____	□
_____	_____	_____	□

Section C

Date on which independent consulting, for a fee, was first performed: _____

Consulting: Briefly describe your duties, responsibilities and methods of consulting for the past four years:

In addition to consulting for a fee, do you receive other income related directly or indirectly to your consulting service, such as the sale of a product (ie: ag chemicals, biocontrol agents, fertilizers, seed or equipment)? YES NO
If yes, how do you prevent such income from conflicting with your services as an independent crop consultant? Please explain in detail.

If you own or operate a laboratory or contract research firm, please explain facilities and services offered.

If you provide other services such as seminars, workshops, counseling or assessments, please explain.

Please list your name, degrees, company and briefly describe your services as you wish to appear in the Membership Directory. Include the mailing address and phone you wish to use.

Section D

Sponsors: must be two MNICCA members in good standing.

1. _____ 2. _____

