



Consultant/Applicator

I.E. - Service Provider

Your membership in the Far West Agribusiness Association is a critical investment in our industry that helps to ensure a positive business climate while keeping your employees and customers safe. We understand that the decision to become a member or to renew an existing membership is a financial decision which must compete with other worthy considerations. We are committed to providing value in your membership through our watchful eyes and responsive actions which are always targeted toward meeting the needs and expectations of our members in a timely and effective manner.

Your continued support makes our Association's existence possible and allows our members and staff to strengthen our industry. Thank you for your support in the past. We hope our Association can count on your support in the future as we continue to address new and complex issues.

The Independent Consultant/Independent Applicator shall be those individuals and/or businesses who provide consulting services and/or product application services to end users. These individuals and/or businesses provide such services on a contractual basis. These individuals and/or businesses are not directly employed by retail crop input dealers and/or end users. This category enjoys full rights and benefits of membership and is eligible to vote on corporate affairs. Consultant/Applicator Membership \$693.00

Far West Agribusiness Association (501(c)(6) Corporation - Federal ID# 91-6185600) dues are deductible as an ordinary and necessary business expense and are subject to restrictions imposed as a result of lobbying support activities. Far West estimates the non-deductible portion of your 2020 dues to be 26 percent.

Certificate of Membership Category Statement

Dues Amount Included \$ \_\_\_\_\_ PLEASE INCLUDE YOUR PAYMENT WITH APPLICATION

PLEASE PRINT

Membership Info

COMPANY NAME \_\_\_\_\_

VOTING MEMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

SIGNATURE OF VOTING MEMBER \_\_\_\_\_ TITLE \_\_\_\_\_