

MEMBERSHIP APPLICATION FORM
Georgia Association of Professional Agricultural Consultants

**Please print and complete this form and return it to the Membership
Chairman at the address given at the end of this form.**

**For category descriptions and qualifications, please refer to attached
GAPAC Constitution.**

**Applicants for Student or Retired categories complete section A only.
Full, Associate, and Provisional applicants complete sections A & B.**

SECTION A

APPLYING FOR: _____Provisional _____Full _____Associate _____Student _____Retired

Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business #: _____ Home #: _____

Fax #: _____ Mobile #: _____

E-Mail Address: _____

INDEPENDENT CONSULTING EXPERIENCE:

1. Date on which independent crop consulting for a fee was first performed:

2. Please indicate the approximate amount of time spent consulting for a fee during the last four years:

Current year: _____% Last year: _____% Previous years: _____%

3. Number of years prior to the last four years that you were engaged in consulting activities:

4. Describe your field of consultation or specialty during the last four years. Include your crops consulted and services provided.

5. a) Do you provide technical data and/or recommendations to clients on a fee basis?

_____YES _____NO

b) Are your fees itemized and billed to the client? _____YES _____NO

c) Do you currently receive any compensation from a client's purchase and/or application of products* based on your recommendation or data?

_____YES _____NO

*Definition of Products:

1. Inorganic or organic soil amendments
2. Seed or plant materials
3. Commercially available equipment, machinery, or implements
4. Chemical or biological pest-control inputs
5. Animal feed or medicinal products

d) If you are employed by a company, is your compensation supplemented or subsidized by income derived from the sale and/or application of products as defined above?

_____YES _____NO

6. A secondary review mechanism is available to be utilized in cases in which either the applicant or the membership committee is uncertain whether the applicant meets the criteria described. If you are uncertain of your eligibility and request more detailed information, please indicate. _____Yes, I am uncertain of my eligibility.

REFERENCES:

Please give the names and addresses of five of your clients. If work was for a company, give the name of the individual who contracted the work. Please fill in completely. These references should be able to verify the information you provided above.

	Name	Company	Address	City/ State	Phone
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

List professional registries and associations in which you are active or hold membership.

ACKNOWLEDGEMENT & SIGNATURE:

I certify that all preceding information is accurate to the best of my knowledge. I have read, I understand, and I agree to comply with the Bylaws and Code of Ethics for the Georgia Association of Professional Agricultural Consultants.

Signed: _____ Date: _____

GAPAC Sponsor: _____ Date: _____

RETURN COMPLETED APPLICATION TO:

GAPAC Membership Committee Chairperson

Jack Royal

6516 GA Highway 37

Leary, GA 39862

229-792-6506 or 229-254-9001

royalag@bellsouth.net

Revised: February 12, 2011