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: ______________________________________________________________
____________________________________________________________________________
SECTION B

Are you a member of another state’s crop consultant’s association? _____Yes _____No

If Yes, what state? _____________________

GA Dept. of Agriculture Commercial Pesticide Applicators License #: _____________________

EDUCATION:

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<th>COLLEGE OR UNIVERSITY</th>
<th>MAJOR</th>
<th>DEGREE</th>
<th>DATE RECEIVED</th>
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EXPERIENCE: List briefly your work experience since graduation from college or during the past ten years. Attach additional sheets if more space is needed.

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<th>EMPLOYER-NAME &amp; ADDRESS</th>
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<th>DESCRIPTION</th>
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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.

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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 NO LATER THAN 7 DAYS PRIOR TO ANNUAL MEETING TO:
GAPAC Membership Committee Chairperson
Jack Royal
P.O. Box 23
Leary, GA 39862
229-792-6506 or 229-254-9001
royalag@bellsouth.net

Revised: January 30, 2015 … sph