

**Wisconsin Association of Professional Agricultural Consultants
WAPAC**

Application for Membership

Date _____

Name _____ Title _____

Organization _____

Business Address _____
Street City State Zip

Home Address _____
Street City State Zip

Business Phone () _____ FAX () _____

Home Phone () _____ Mobile Phone () _____

E-Mail _____

Please provide the following information:

1. MEMBERSHIP CLASSIFICATION: Select one of the following categories of membership. Consult the WAPAC brochure for qualifications of each category.

VOTING MEMBERSHIPS:

(Licensure or certification by a professional organization is required to qualify for the voting membership categories.)

Professional Agricultural Consultant \$75.00 _____

Academic Member \$75.00 _____

NON-VOTING MEMBERSHIPS:

Associate Member \$50.00 _____

Provisional Member \$50.00 _____

Sustaining Member \$200.00 _____

2. **BIRTHDATE:** Day_____Month_____Year_____ Age_____

3. **EDUCATIONAL BACKGROUND:**

Degree Date Received College or University Majors/Minors

A.B. _____

B.S. _____

M.S. _____

PhD _____

D.V.M. _____

Other (Please specify) _____

Directions for completing remainder of membership application:

Professional Agricultural Consultant Candidates: Complete questions 4, 5 & 6.

Academic Membership Candidates: Complete questions 4 and 6.

Associate and Provisional Membership Candidates: Complete question 6.

Sustaining Membership Candidates: Complete part G of question 6 (Directory Information.)

4. **CERTIFICATION BY A PROFESSIONAL ORGANIZATION**

(Required for Professional Agricultural Consultant and Academic Member Candidates)

List one or more professional organizations of which you are currently a member in good standing and which certify you in your specialty area and require you to subscribe to their code of ethics - **and/or** - provide the license number from your professional license as evidence of certification in those fields which require a license to practice. (Examples of acceptable certifications: CPAg, CPCC, CCA, Licensed Veterinarian, PAS, CAC, AAC, AFM, ARA.)

Name of professional organization Name of Certification/License # Dates Effective

a. _____

b. _____

c. _____

5. CLIENT REFERENCES & CERTIFICATION OF CONSULTING STATUS
to be completed by all Professional Agricultural Consultant Applicants

A. CLIENT REFERENCES: Please provide the names and complete mailing addresses of five clients you have worked for in the past four years. If work was performed for a company, include the name of the individual for whom you worked.

<u>Name</u>	<u>Firm or Agency</u>	<u>Complete Address</u>	<u>Phone</u>
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____

B. CERTIFICATION OF CONSULTANT STATUS: *Professional Agricultural Consultant Membership Candidates, please sign the following statement:*

I certify that the majority of my time is devoted to providing professional agricultural consulting services or technical service support rather than to sales.

Signature: _____ Date: _____

6. Additional information required from ALL candidates for membership
(Sustaining Members complete only section G of this question.)

A. Personal References (at least two). Provide the complete names, titles, addresses and phone numbers.

1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____

B. Describe your field of consultation or specialty during the last four years. Please be as specific as possible.

C. Experience: List briefly all work-related experience you've acquired within the past 15 years since the completion of your formal education.

Name of Employer	Address	Type of Work	Length of Service
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(Please attach additional information on a separate sheet if necessary.)

D. List other professional associations in which you are involved, and offices that you hold, if any.

E. If you own or operate a laboratory, please explain the facilities and type of services offered.

F. Other points of interest you feel the membership committee should be aware of:

(Use additional sheets if necessary.)

If you publish and/or circulate a newsletter, please attach a copy of your most recent mailing.

G. INFORMATION FOR WAPAC MEMBERSHIP DIRECTORY

(ALL applicants please complete this section; then sign and date the application.)

Your directory entry will include your name, title, business or organization name, business address and telephone numbers, fax number, and E-Mail address as listed on page one of this application. Please provide the following additional directory information:

Please list degrees, certifications, designations you want included after your name (e.g., CPAg or M.S. or CCA or DVM.). _____

Specify your college major, (e.g. Soil Sci. or Dairy Sci.)

Do you want us to include your home telephone number? ___Yes ___No

Can we include your directory entry on the WAPAC website? ___Yes ___No

For the directory, provide a description of the services you provide (up to 40 words).
(If you wish, you may declare independence in your description of services.)

List the crops and/or animals you work with: _____

Please enclose an application fee in the amount of the annual dues for the membership category you are requesting. Make your check payable to WAPAC. A \$10 processing fee will be retained regardless of acceptance. Upon approval of your application by the Membership Committee, you will be sent a written statement of acceptance.

I hereby certify that all preceding information is accurate to the best of my knowledge. I understand that the membership committee may contact my references. I also agree to comply with the WAPAC Code of Ethics.

Signed _____ Date _____

Return this application to: WAPAC
Carla Hargrave, Executive Secretary
N7823 State Road 49
Berlin, WI 54923
Phone (920) 361-0439

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WAPAC**

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