



WISCONSIN ASSOCIATION OF PROFESSIONAL  
AGRICULTURAL CONSULTANTS

## *Application for Membership*

Date:		
Full Name:		Title:
Organization or Business:		
Organization or Business Website:		
Business Address:		
City:	State:	Zip:
Home Address:		
City:	State:	Zip:
Business Phone:	Home Phone:	
Cell Phone:	Fax:	
Email:		

**MEMBERSHIP CLASSIFICATION:** Select one of the following categories of membership.

(Consult the WAPAC brochure or website 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	\$100.00	_____
Academic Member	\$100.00	_____

**NON-VOTING MEMBERSHIPS:**

Associate Member	\$75.00	_____
Provisional Member	\$75.00	_____
Sustaining Member	\$250.00	_____
Student Member	\$10.00	_____

**-Please proceed to next page-**

**EDUCATIONAL BACKGROUND:**

Degree Date Received College or University Majors/Minors:

A.B. \_\_\_\_\_

B.S. \_\_\_\_\_

M.S. \_\_\_\_\_

PhD \_\_\_\_\_

D.V.M. \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

**Field of Consultation/Specialty:**

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**Professional Associations:** List all in which you are involved and any offices that you hold.

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**REFERENCES:** (Choose ONE option, a WAPAC Sponsor or provide Personal & Client References)

**OPTION 1: Sponsor (A Current WAPAC Member):**

Full Name:	Title (if applicable):	
Address:		
City:	State:	Zip:
Business Phone:	Cell Phone:	

**OPTION 2: Personal & Client References (see next page):**

## OPTION 2: Personal & Client References (2 of each required, if not sponsored)

### PERSONAL REFERENCES:

Full Name:	Title (if applicable):	
Address:		
City:	State:	Zip:
Business Phone:	Cell Phone:	

Full Name:	Title (if applicable):	
Address:		
City:	State:	Zip:
Business Phone:	Cell Phone:	

### 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.

Name of Firm or Agency:	
Complete Address:	
Contact Name:	Phone Number:

Name of Firm or Agency:	
Complete Address:	
Contact Name:	Phone Number:

**Proceed to Membership Directory page,  
if not applying as a Professional Ag Consultant or Academic Member**

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## **Professional Agricultural Consultants and Academic Member Applicants ONLY**

### CERTIFICATION BY A PROFESSIONAL ORGANIZATION

Name of Professional Organization:
Name of Certification/License #
Dates Effective:

### CERTIFICATION OF CONSULTANT STATUS

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: \_\_\_\_\_

-Proceed to Membership Directory section-

**WAPAC MEMBERSHIP DIRECTORY (All Applicants)**

The directory 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:

Degrees, certifications, designations you would like included after your name (CPAg, M.S., CCA, DVM, etc.):

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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).

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Please enclose an application fee, or go to [www.wapac.info](http://www.wapac.info) to pay with a credit card, in the amount of the annual dues for the membership category you are requesting, check payable to WAPAC.

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 and payment to:

WAPAC  
PO Box 142  
Fall River, WI 53932  
(608) 957-7320  
wapac1987@gmail.com