



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 | _____ |

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:

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

REFERENCES

Sponsor (A Current WAPAC Member):

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

OR (See next page)

PERSONAL REFERENCES (2 required, if not sponsored by a current WAPAC Member):

| | | |
|-----------------|------------------------|------|
| 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 (2 required, if not sponsored by a current WAPAC Member):

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: |

Professional Agricultural Consultants and Academic Member Candidates 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: _____

INFORMATION FOR 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.):

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).

Please enclose an application fee 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
Melisa Skwor, Executive Secretary
S101 Wiese Road
La Valle, WI 53941
(608) 963-6213
wapac1987@gmail.com