



# ARKANSAS AGRICULTURAL CONSULTANTS' ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date \_\_\_\_\_

Name of Firm (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you an Arkansas Licensed Consultant?  Yes  No Arkansas License #: \_\_\_\_\_

Years of Experience Consulting: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Degrees Conferred  HS  BS  MS  PhD.

List Colleges, Dates, and Degrees

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Crops Consulted:  Cotton  Soybeans  Rice  Others: \_\_\_\_\_

Service Area (counties): \_\_\_\_\_

I, the undersigned, do certify that I am a bona fide agricultural consultant working directly for the farmer and receiving a fee for my services. I am not connected with any Federal, State, or private agencies which provide free services or sell chemicals. I also certify that I do not sell or contract anything which would constitute a conflict of interest with the business of a private consultant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail form to:

AACA  
165 Hibiscus Dr  
Maumelle, AR 72113