



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
4 Dove Creek Circle
North Little Rock, AR 72116