



The Kansas Crop Improvement Association Membership Application

Name: First _____ Middle _____ Last _____

Business Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Location Address: _____ City _____ State _____ Zip _____

Legal Description of location address: Quarter _____ Section _____ Range _____ Township _____ County _____

Side of Road: _____ Distance and direction from nearest Town: _____

Telephone Numbers: (Business): (_____) _____ (Home): (_____) _____

(Cell): (_____) _____ (Fax): (_____) _____

E-mail: _____ Web site: _____

⇒ In KCIA publications, I would prefer to be listed by my: Last Name Business Name

Kansas Dept. of Agriculture Seed Dealers License No. _____ Expiration Date _____

Ag Affiliations: (check all that apply)	Director/Officer	Ag Affiliations: (check all that apply)	Director/Officer
<input type="checkbox"/> AgriPro Associate	<input type="checkbox"/>	<input type="checkbox"/> AgSeCo	<input type="checkbox"/>
<input type="checkbox"/> AgVantage IP	<input type="checkbox"/>	<input type="checkbox"/> American Seed Trade Association	<input type="checkbox"/>
<input type="checkbox"/> American White Wheat Producers Association	<input type="checkbox"/>	<input type="checkbox"/> Independent Professional Seedmen's Association	<input type="checkbox"/>
<input type="checkbox"/> Kansas Association of Wheat Growers	<input type="checkbox"/>	<input type="checkbox"/> Kansas Corn Growers Association	<input type="checkbox"/>
<input type="checkbox"/> Kansas Farm Bureau	<input type="checkbox"/>	<input type="checkbox"/> Kansas Grain and Feed Association	<input type="checkbox"/>
<input type="checkbox"/> Kansas Grain Sorghum Producers	<input type="checkbox"/>	<input type="checkbox"/> Kansas Soybean Association	<input type="checkbox"/>
<input type="checkbox"/> Kansas Seed Industry Association	<input type="checkbox"/>	<input type="checkbox"/> Kansas Wheat Alliance	<input type="checkbox"/>
<input type="checkbox"/> Western Seed Association	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

Return this completed form to the Kansas Crop Improvement Association, 2000 Kimball Avenue, Manhattan, KS 66502-3352

\$75.00 membership dues included Bill my account for membership dues

As a member of the Kansas Crop Improvement, I will abide by the rules and regulations established by the association.

Signature

Date

If you have any questions, please call the association office: 785/532-6118, FAX 785/532-6551