

MACA

Mississippi Agricultural Consultants Association

Membership Requirements

In accordance with the by-laws of The Mississippi Agricultural Consultants Association, a Voting Member is an individual who:

- a) is an independent agricultural consultant working in the State of Mississippi;
- b) is licensed by the State of Mississippi, Department of Agriculture and Commerce, Bureau of Plant Industry;
- c) must hold a bachelor's degree from a recognized college or university, or have obtained ten or more years as an independent crop consultant;
- d) must not have a conflict of interest (real or potential) involving compensation from the sale of agricultural chemicals or certain other products or services;
- e) has agreed to the Code of Ethics of the corporation; and
- f) has completed an application, providing references of individuals for whom the applicant has personally provided consultation.

If you have questions concerning your eligibility for membership, please contact the Secretary of the association; otherwise, complete the following application.

SECTION A:

Name _____ Spouse _____

Social Security No. (necessary for transcript verification) _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home phone _____ Business phone _____

Fax number _____ e-mail address _____

SECTION B:

Are you licensed by the Mississippi Bureau of Plant Industry? Yes _____ No _____

State License Number _____

Category(s) for which you are licensed

Education:

College or University	Degree	Date
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SECTION C:

Consulting Experience:

1. Date on which independent crop consulting was first performed. _____

2. What percentage of your time is devoted to consulting? _____

If less than 100% then please state the other job position(s) that you hold.

3. Describe your primary field of consultation. (crop and services)

4. Do you receive any compensation from your clients other than for your consulting services? (such as from the sale of products) Yes _____ No _____

Explain:

5. Have you worked for an agricultural company in the last 6 months?

Yes _____ No _____

6. If you answered yes to question no. 5, please state the name of the company, and what your main responsibilities were with the company.

Company name _____

Main responsibilities _____

7. Are you aware of any perceived or potential conflicts between your clients' interests and your own? (Example: A consultant recommends 'X', and then sells farmer 'X')

If yes, please describe:

SECTION D:

Please list four clients for whom you have worked directly:

	Client	City, State	Phone no.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List professional associations / organizations in which you hold membership.

SECTION E:

Sponsors:

List two MACA members who will sponsor you:

1. _____

2. _____

“I certify that all preceding information is true and accurate to the best of my knowledge.”

Signature

Date

Please return with your application fee of \$100.00. If you are accepted into the association, the application fee will become your first year's membership dues.

Mail application with fee to:

Carol M. Bullard
MACA Executive Secretary
P.O. Box 9
Pope, MS 38658