

Society Commercial Seed Technologists

APPLICATION FOR RESEARCH MEMBERSHIP

Please type or use black ink.

Please examine the MEMBERSHIP REQUIREMENTS and this APPLICATION before completing. The Applicant may attach a separate sheet if more space is needed for college records, references, or additional data which may be helpful.

Applicant Name		Phone	
Employer		FAX	
Address		Email	
City		State	
Zip Code			

Name of University or College	Diploma/Degree	Major	Date Attended	
			From	To

Information about employment in the field of Seed Technology:

Teaching:

Research:

Outreach:

Self-employment in agronomic services (500 hours minimum):

Evidence of outreach productivity in Seed Technology during the past two years:

Article(s) in peer-reviewed publications:

Educational and/or informational presentation(s):

Access to a Seed Technology Research Facility (if different than address above):

Address		Name	
City		State	
Zip Code			

APPLICANT:

I affirm that the foregoing is an honest and truthful statement concerning my qualifications to be a Research Member of the Society of Commercial Seed Technologists.

Signature: _____ Date: _____

Return to: **Society of Commercial Seed Technologists**
 8918 W. 21st St N.
 Suite 200, #246
 Wichita, KS 67205
 Phone: (202) 870-2412
 Email: scst@seedtechnology.net

Research membership dues are \$175 annually. Payment can be made by check (US funds) or credit card (American Express, Visa or Mastercard).

Credit card number: _____

Expiration date: _____ **CID#** (three digit code on signature line of card): _____

Card issued to (name on card): _____