



## ILLINOIS CROP IMPROVEMENT ASSOCIATION INC.

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### Associate Membership Application

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

I wish to become an Associate Member, as a non-voting membership, which affords me the opportunity to receive Seed Directories, Crop Variety Publications, and Illinois Seed Newsletter and attend Illinois Crop Improvement meetings and functions.

Enclosed is my check for \$40 made payable to:

Illinois Crop Improvement Association, Inc.

Signed \_\_\_\_\_