

NPSA MEMBERSHIP APPLICATION

NPSA Membership consists of two categories: Active and Affiliate.

Active- Any individual, partnership, corporation or association engaged in shelling pecans, whose application is approved by the Board of Directors, may become an active member.

Affiliate- Any individual, partnership, corporation or association not engaged in shelling pecans, but having an interest in the pecan shelling and processing industry, whose application is approved by the Board of Directors, may become an Affiliate member.

Application Process:

- After a completed application is received by NPSA a preliminary review will be conducted by the NPSA Membership Coordinator and the New Member Board Liaison to insure all needed information is received.
- After preliminary review, the application will be forwarded to the NPSA Board of Directors for vote.
- Once the Board approves membership, new members will receive a Welcome Letter and Invoice for first year's dues.

Dues Schedule:

Please review the attached NPSA dues schedule, also available online, before beginning your application.

Online Application:

Applications and the NPSA dues schedule are also available online www.ilovepecans.org/join-membership

If you have any questions about the NPSA application or the Membership application approval process please contact NPSA at <a href="https://www.npsa.gov.nps

^{*}Please allow 3-4 weeks for approval.



NPSA MEMBERSHIP APPLICATION

Company Information

Company Na	me:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Website:		
Name: Email:		Title: Phone:
Please provi	Product/Services de a description of the product and services	
	Business Summary	y
Please provi	de brief history of your company:	
For Sheller Please indica	Members te if your company is predominantly In-shell	or Shelled:
\square In-Shell	☐ Shelled	

Reference Information

Please provide thr	ee industry and/or business references:	
Company Name:		
Contact Name:		
Contact Email:	Contact Phone:	
Business Relations	nip:	
Company Name:		
Contact Name:		
Contact Email:	Contact Phone:	
Business Relations		
Company Name:		
Contact Name:		
Contact Email:	Contact Phone:	
Business Relations		
select the most Active: Any whose applicat the Association Affiliate: A pecans but hav	hold membership in only one of two NPSA membership categories: Please appropriate from among the following (check one): y individual, partnership, corporation or association engaged in shelling pecans, ion is approved by the Board of Directors, may become an Active member of . ny individual, partnership, corporation or association not engaged in shelling ing an interest in the pecan shelling and processing industry whose application the Board of Directors may become an Affiliate member of the Association.	
Refer to appropriate [Dues Schedule to determine dues.	
If membership is approdues.	oved please invoice me in the amount of \$ for payment of one year's	
	ctober 1 through September 30. Pro rata credit is given to the nearest quarter to ing the course of the fiscal year.	
Signed	Date	

While contributions or gifts to this association are not tax deductible as charitable contributions for federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.