



NPSA MEMBERSHIP APPLICATION

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Primary Contact _____ Title _____

Email _____

Secondary Contact _____ Title _____

Email _____

Products/Services: _____

Companies may hold membership in only one of two NPSA membership categories: Please select the most appropriate from among the following (check one):

- 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 of the Association.
- 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 of the Association.

Refer to appropriate Dues Schedule to determine dues. Submit payment with a completed copy of this application to the address included below.

Enclosed is a check in the amount of \$ _____ in payment of one year's dues.

NPSA's fiscal year is October 1 through September 30. Pro rata credit is given to the nearest quarter to companies joining during the course of the fiscal year.

Signed _____ Date _____

Title _____

Referred By _____

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.