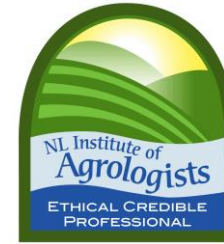


**Send to:**

**The Registrar  
Newfoundland & Labrador Institute of Agrologists  
P.O. Box 978  
Mount Pearl NL  
A1N 3C9**



**Newfoundland & Labrador Institute of Agrologists**

**Application for Membership**

Full Membership

Retired Member

Student Membership

Agrologist-in-Training

NAME(Block Letters) .....

HOME ADDRESS.....

.....

Postal Code

Telephone

BUSINESS ADDRESS.....

.....

E-mail

Telephone

MAIL TO BE SENT TO:

Home

Business

| ACADEMIC HISTORY   |          |         |         |             |
|--------------------|----------|---------|---------|-------------|
| University/College | Location | Diploma | Degree* | Yr. Granted |
|                    |          |         |         |             |
|                    |          |         |         |             |
|                    |          |         |         |             |
|                    |          |         |         |             |

\*Please specify your degree(s), such as B.S.A., B.Sc. (Agr.), M.S.A., M.S., etc.  
Photocopies of the degree(s), diploma(s) must be attached.

| SPECIALIZATION |  |
|----------------|--|
| DIPLOMA        |  |
| BACHELORS      |  |
| MASTERS        |  |
| DOCTORATE      |  |

### REFERENCES

One character reference and two references from professional associates  
(at least one of whom must be a registered agrologist)

#### CHARACTER

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

#### PROFESSIONAL ASSOCIATE

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

#### PROFESSIONAL AGROLOGIST

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

### EMPLOYMENT HISTORY

(a) NAME & ADDRESS OF PRESENT EMPLOYER

DATE APPOINTED

(b) If self-employed, state nature of business: \_\_\_\_\_

(c) Please give previous agriculture related employment history in chronological order:

| Position | Dates | Employer | Nature of Work |
|----------|-------|----------|----------------|
|          |       |          |                |
|          |       |          |                |
|          |       |          |                |
|          |       |          |                |

I certify the foregoing information to be true:

Date: \_\_\_\_\_ 20\_\_\_\_ Signed \_\_\_\_\_

-----  
**For use of the Membership Committee**

*This application has been examined and the applicant is approved for membership as a:*

Full Membership

Retired Member

Student Membership

Agrologist-in-Training

Date: \_\_\_\_\_ 20\_\_\_\_ Signed \_\_\_\_\_

Registrar