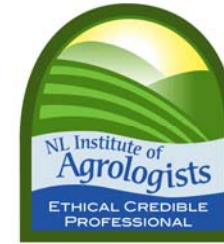


**Send to:**

**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