



3495 Lakeside Dr #30  
Reno, NV 89509

# Nevada Industrial Hemp Fiber Cooperative

## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

#### Type of Membership (check all that apply)

Farmer: \_\_\_\_\_ Service Provider: \_\_\_\_\_ Equipment Provider: \_\_\_\_\_

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

#### Annual Membership Fee

Farmer: \$100.00      Service Provider: \$500.00      Equipment Provider: \$500.00

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

### Disclaimer and Signature

*I agree to remit \$25.00 application processing fee and an additional annual membership fee upon acceptance of application. I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to membership, I understand that false or misleading information in my application or interview may result in my being denied membership or renewal of membership.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant Signature*