



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: \$250.00 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