



**VIRGINIA NUTRIENT CREDIT EXCHANGE ASSOCIATION
CONSULTANT MEMBERSHIP APPLICATION**

_____ requests membership in the Virginia Nutrient Credit Exchange Association. I certify that this organization meets the membership requirements, subscribes to the purposes and policies, and accepts the Articles of Incorporation and Bylaws of the Association.

Name and Title of Designated Representative to VNCEA

Address

City/State/Zip

Telephone/Fax/E-Mail

Name and Title of Alternative Representative to VNCEA
(include address, phone/fax/e-mail if different from above)

Signature

Date

The Virginia Nutrient Credit Exchange Board of Governors will review your application. Once approved by the Board, an invoice will be sent to the Designated Representative. Your organization will be placed on our membership mailing list after invoice payment is received. Dues statements are usually mailed on June 1st and are payable by July 31st. Applicants applying for membership other than at the beginning of the fiscal year (July 1st) shall pay initial dues that are prorated to account for that portion of the year during which they were not a member.

**Please fax completed application to (804) 716-9022, Attention: N. Holcomb, or email to
NHolcomb@aqualaw.com.**

P.O. Box 51
Richmond, VA 23218-0051