



ALTA
AGRICULTURAL LABORATORY
TESTING ASSOCIATION

2020 Membership Application / Dues Renewal

Annual dues are \$100 per year per company, payable now. This allows for one primary membership. Additional members from the same company may join ALTA for \$50 each.

If your lab participates in the ALTA-ALP Program, please submit an additional \$100 with your membership fee.

Please print and mail this form, along with a check for the appropriate amount, payable to ALTA, to:
ALTA Management Office • P.O. Box 42 • Charleston, IL 61920

Note: At the 2016 ISTA Summer Meeting, the board of directors voted to assess an additional penalty fee of \$ 50 for membership applications / fees not postmarked by January 31, 2020.

For those wanting to pay by credit card, enter the information below.

Membership Information:

Company Name:			
Primary Member Name:			
Address:		City:	St. / Zip:
Email:		Phone:	
Additional Members:			

Note: If the additional member(s) contact information differs from the information listed for the primary member, please have them fill out an additional form and submit with the additional \$ 50 fee per member.

Credit Card Information:

Company Name:		Name on Card:	
Type of Card:		Card Number:	
Expiration Date:		CVV Nu (back of card)	Billing Zip Code:

Check all that apply to your company:

- | | |
|---|---|
| <input type="checkbox"/> Soil Testing Laboratory | <input type="checkbox"/> Agricultural Consulting Services |
| <input type="checkbox"/> Plant Tissue Nutrient Testing | <input type="checkbox"/> Soil Toxicity Testing |
| <input type="checkbox"/> Turf, Garden & Horticulture Services | <input type="checkbox"/> Construction, Engineering & Environmental Services |

Our laboratory participates in the following quality assurance programs:

- | | |
|---|--|
| <input type="checkbox"/> American Lab Proficiency (ALP) | <input type="checkbox"/> North American Proficiency Testing (NAPT) |
| <input type="checkbox"/> Other (specify) | |

Payments:

Amount enclosed for membership (due Jan. 1, 2020) \$100 primary / \$50 each additional member:	
Add \$ 50 if check payment is not mailed / emailed by Jan. 31, 2020:	
If your lab participates in the ALP Program, submit an additional \$ 100:	
Total Amount Enclosed:	