



2019 AgGateway Membership Application eForm

Please fill out all sections of this form as indicated. Once complete, please save and email the form to Member Services at Member.Services@AgGateway.org.

I. Company/Individual Information

Company/Individual Name _____

Address Line 1 _____

Address Line 2 _____ *Date* _____

City _____ *State/Province* _____ *Country* _____ *Postal Code* _____

Website _____ *Email Address* _____

II. Membership Type *

- Voting Member**
A business that actively participates in agricultural or agricultural related business activities
- Individual or Non-Voting Member**
A business that does not actively participate in agricultural or agricultural related business activities, OR a business that actively participates in agricultural or agricultural related business activities that qualifies for the SAC Membership Tier, OR an individual that is not an employee or representative of a commercial entity eligible for voting membership
- Associate Member**
A not-for-profit organization or government agency
- * If you are an Agricultural Retailer (buying, selling, storing, shipping, growing, etc., food and agricultural products) with sales under \$5 million, please contact AgGateway Member Services to determine whether you qualify for the Small Ag Company (SAC) membership tier.

III. Membership Dues

Voting Members Check the box next to the **Membership Tier** that matches your company's annual sales revenue. **Individuals** Check the box next to the **Individual Membership Tier**. If you are an Agricultural Retailer (buying, selling, storing, shipping, growing, etc., food and agricultural products) with sales under \$5 million, please contact AgGateway Member Services to determine whether you qualify for the **Small Ag Company (SAC)** membership tier. Please note that Annual Conference registration is not included in Individual or SAC memberships. You will be invoiced for the amount listed for the tier. For those organizations that include Grain handling as part of their business, please refer to the AgGateway website at <http://www.aggateway.org/JoinUs.aspx> for information on how your Membership dues will be calculated. Dues are subject to change annually.

Tier	Revenue	2019 Annual Dues
<input type="radio"/> 1	Over \$8 Billion	\$ 60,000
<input type="radio"/> 2	\$4 Billion - \$8 Billion	\$ 52,000
<input type="radio"/> 3	\$2 Billion - \$4 Billion	\$ 32,290
<input type="radio"/> 4	\$1 Billion - \$2 Billion	\$ 22,440
<input type="radio"/> 5	\$750 Million - \$1 Billion	\$ 18,580
<input type="radio"/> 6	\$500 Million - \$750 Million	\$ 10,800
<input type="radio"/> 7	\$250 Million - \$500 Million	\$ 8,750
<input type="radio"/> 8	\$125 Million - \$250 Million	\$ 6,700
<input type="radio"/> 9	\$25 Million - \$125 Million	\$ 2,700
<input type="radio"/> 10	Up to \$25 Million	\$ 1,620
<input type="radio"/> SAC**	Under \$5 Million	\$ 500
<input type="radio"/> Individual***	NA	\$ 400
<input type="radio"/> Associate	NA	\$ 0

**Ag Retailer (buy, sell, store, ship, grow, etc., food & ag products) w/sales under \$5 M

***If you are applying for an individual membership, please skip section IV and complete sections V and VI.

IV. Company Contact Information

The PRIMARY CONTACT will be used for all official business communications with member companies. The Primary Contact is also the authorized voter from the member company. If the Primary Contact is unable to vote, the SECONDARY CONTACT may cast the company's vote if the Primary Contact notifies the Chairman of the Board of Directors or the President, in writing prior to the vote. Email notification is acceptable.

	Company Representative(s)	Title	Phone	Email
Primary Contact				
Secondary Contact				



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V. Ag Industry Segment Council Interest & Representation

If applying for an Individual Membership, please check the box next to the industry segment (s) of interest to you.

If applying for another membership type, please check the box in which your company actively conducts business and will participate in once a member of AgGateway.

For companies or associations, please also enter the name(s) of the person(s) who will represent your company in these segments. They will also be added to the appropriate Council roster and email list. The person selected does not have to be either a Primary or Secondary Contact.

	Company Representative(s)	Title	Phone	Email
Animal Health <input type="checkbox"/>	1			
	2			
Animal Nutrition/Feed <input type="checkbox"/>	1			
	2			
Ag Retail <input type="checkbox"/>	1			
	2			
Crop Nutrition <input type="checkbox"/>	1			
	2			
Crop Protection <input type="checkbox"/>	1			
	2			
Grain & Feed <input type="checkbox"/>	1			
	2			
Ornamental Horticulture <input type="checkbox"/>	1			
	2			
Precision Ag <input type="checkbox"/>	1			
	2			
Produce <input type="checkbox"/>	1			
	2			
Seed <input type="checkbox"/>	1			
	2			
Specialty Chemicals <input type="checkbox"/>	1			
	2			
Allied Provider <input type="checkbox"/> <i>(software vendor, service provider)</i>	1			
	2			
Other <input type="checkbox"/> <i>Specify</i>	1			
	2			

VI. Signature & Application Submission

Please tell us who recommended you join AgGateway:

Why are you joining AgGateway?

This application is submitted by:

Name _____ Title _____ Date _____

Email _____

By submitting this application you are agreeing to abide by the AgGateway Bylaws, Antitrust Guidelines and all Policies and Procedures. These documents are available HERE on the website and from the AgGateway office.

Once completed, please save form and email "Member.Services@AgGateway.org." For all memberships except Individual, the Primary and Secondary Contacts listed on the form will receive email notification of the application once approved.