

GEORGIA CROP IMPROVEMENT ASSOCIATION
2425 SOUTH MILLEDGE AVENUE ATHENS, GEORGIA 30605
PHONE – 706-542-2351
APPLICATION FOR MEMBERSHIP AND INSPECTION
HEMP SEED – GREENHOUSE

Georgia Dept. Of Agriculture license or other state no. _____

Company or Individual(s) name on license _____

(Please Print)

Applicant _____ Date _____

Address _____ City _____

(Billing address)

(May be different than greenhouse)

State _____ Zip Code _____ Phone _____

Email address _____ Contact Person _____ Cell No. _____

Address of greenhouse _____ City _____

(Physical address)

State _____ Zip Code _____

Contact Person _____ Cell No. _____

Application must be made a minimum of 20 days prior to estimated flowering.

Variety to be inspected (One variety per greenhouse complex) _____

Specific location of crop producing seed (female) _____

Specific location of pollinator (Male) _____

Approximate number of female plants _____

Approximate number of male plants _____

Where will seed be conditioned, bagged and tagged? _____

I declare by signing this request for inspections, that I have read the present applicable GCIA certification standards and agree to abide by all rules and regulations. By signing this application, the applicant authorizes GCIA to publish contact information, crop produced, class produced and acres or quantity, unless the applicant notifies GCIA in writing prohibiting publication. I will verify that all equipment involved in planting, harvesting, conditioning or other handling will be clean so as to maintain varietal purity and identity of the seed produced. The seed that is verified as eligible seed was planted as described above and in other relevant documents. I will maintain identity of the seed from harvest until it leaves my possession. I understand that my membership may be suspended or terminated by the GCIA Board of Directors at any time if I violate any provisions of the code of ethics if I engage in practices likely to injure or discredit the Association. I agree to pay all applicable interest charges on my delinquent accounts. It is the responsibility of the grower/producer/applicant to notify the inspector of re-entry times for greenhouse treated with pesticides.

Signature of applicant _____ / _____

(This will be the voting member)

(Please print)