

Nu Horizon Genetics



NU HORIZON GENETICS

2026 MEMBERSHIP APPLICATION (Jan. 1 – Dec. 31)

I hereby request membership in Nu Horizon Genetics as a (mark one):

Affiliate - Renewal (\$100) **Affiliate - New/non-continuous (\$200)** **Retail Facility (\$100)** **Associate (\$50)**

I will remit the appropriate fees before application will be processed. I understand this entitles me to all the rights and privileges accorded to members of the Nu Horizon Genetics as prescribed by the Board of Directors.

COMPANY NAME _____

CONTACT NAME _____ COUNTY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

CELL PHONE _____ E-MAIL _____

NOTE: Membership fees are paid only once per year. Applications will not be processed without a Membership Fee. Make checks payable and mail with completed application to:

**Nu Horizon Genetics
PO Box 80084
Lincoln, NE 68501**

Questions? Contact Nathan Mueller, Executive Director, at 402-327-1912

REFERENCES (Include at least one bank or lending institution.)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

TELEPHONE _____

TELEPHONE _____

By signing below, I agree to follow all rules and regulations for producing, handling, and conditioning certified seed applicable to my membership status. I understand that for the certified seed business to be successful and grow, certified seed must meet the quality standards and be always promoted to the best of my ability.

I agree to be liable for all fees and charges rendered by Nu Horizon Genetics for services requested by me. It is understood that membership must be renewed each succeeding year.

Signature _____

Date _____