



American Seed Trade Association Student Membership Application

Information

Membership Type:

Paid membership (includes a free T-Shirt). Please check which size you would like to receive.

M L XL

Sponsored membership (does not include free T-Shirt).

Contact Information

Full Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

College Students Only

University Name: _____

Major: _____ Department: _____

University Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Date of Application: _____ Expected Graduation Year: _____

Advisor Name: _____ Advisor E-Mail: _____

FFA Students Only

Chapter Name: _____ Chapter Address: _____

Advisor Name: _____ Advisor E-Mail: _____ Graduation Year: _____

How did you hear about ASTA? _____

Share your social media handles with us so we can follow you! (optional)

Facebook: _____ Twitter: _____

I would like to receive ASTA's free, bi-weekly e-newsletter, Seed E-News.

PLEASE SUBMIT PAYMENT for one year's dues with application to the ASTA office at 1701 Duke Street, Ste. 275, Alexandria, VA 22314. The second year of membership will be pro-rated, based on when the application was processed. ASTA is on a fiscal year, which begins July 1. The undersigned agrees to comply with the bylaws and Arbitration Rules of the Association.

Signature: _____