



American Seed Trade Association

Student Membership Application

Information

Cost: \$25

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, Better Seed Bulletin.

PLEASE SUBMIT PAYMENT with application to the ASTA office at 1701 Duke Street, Ste. 275, Alexandria, VA 22314. The undersigned agrees to comply with the bylaws and Arbitration Rules of the Association.

Signature: _____