

# WILLAMETTE VALLEY SPECIALTY SEED ASSOCIATION

## MEMBER AGREEMENT

**Membership** in any category will be subject to Board review and dues will be collected annually. Each membership must have one contact person and list all representatives. All members are required to adhere to the WVSSA standards of professional conduct, as established by the Board, and to the rules governing the Seed Quality Management Program, including arbitration decisions. Membership shall not be based upon race, religion, creed, color, sex, age, national origin, or income level.

(Check one)

**ACTIVE MEMBERSHIP** (Voting, Pinning): Any corporation, company, or individual engaged in the contract production of specialty seeds in the Production Area is eligible for Active Membership, subject to Board review. Active Memberships are entitled to one vote each, must participate in the Seed Quality Management Program, and must pay all fees associated with the program. Annual dues and fees will be established by the Board. Non-payment of dues or fees will exclude the member from voting rights and using the SQMP. As a condition of Active Membership, the intent to produce a Genetically Modified specialty seed crop must be communicated to the Board.

**HOMESTEAD MEMBERSHIP** (Non-voting, Limited Pinning): This membership category is intended for seed savers and is an inexpensive alternative to Active Membership. It is designed for non-commercial, single location producers of open-pollinated seed crops in order to encourage them to participate in the SQMP. Membership dues for this category will be nominal and fees to use the SQMP may be waived, subject to Board review. As a condition of Homestead Membership, the intent to produce a Genetically Modified specialty seed crop must be communicated to the Board.

Although membership is voluntarily, as an Active or Homestead member we agree without exception to adhere to association 1) Bylaws, 2) Pinning Rules, and 3) Isolation Guidelines, as well as all policies adopted by a vote of the membership. **We acknowledge it is our Company's responsibility as well as, our representatives to understand these documents and to communicate with other members to facilitate them.**

UNDERSTOOD AND AGREED:

COMPANY NAME \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Return Form to;**

Mail: WVSSA PO Box 4054 Salem, OR 97302

Email: office@thewvssa.org

Fax: 503-585-7815