

Far West members financially support their association through a dues assessment based upon their company's sales activity in the states of Washington, Idaho, Oregon, Utah, and Nevada (Northwest region). **Entities with distinct names can be included within the membership of a member company as long as a majority (>50%) ownership remains within the member company; however, only one vote shall be recognized since the company is recognized as one member with more than one name. The combined gross sales amount within the Far West Region will constitute the category or level of membership dues to be paid. Business volume includes gross invoice billings for fertilizer, fertilizer products, agricultural crop protection products, all forms of seed, minerals, soil amendments, auxiliary soil chemicals, and custom fees for all offices, branches, and/or company units.** Member classifications are based upon annual business volume generated in the Northwest Region. Calculate 2026 membership dues using your company's 2025 sales volume for our five-state area. Check the appropriate member class and return this signed form and payment to the Far West Agribusiness Association office.

Far West Agribusiness Association (501(c)(6) Corporation – Federal ID# 91-6185600) dues are deductible as an ordinary and necessary business expense and are subject to restrictions imposed as a result of lobbying support activities.

Far West estimates the non-deductible portion of your 2026 dues to be 26 percent.

INDUSTRY MEMBER **Agricultural Manufacturer, Wholesaler, Retailer or Distributor**

Voting memberships will be generally limited to individuals, firms, or corporations who either operate and maintain as a business, an adequately equipped fertilizer and agrichemical dealer, or distributing processing plant, or who are substantially in the business of manufacturing or distributing, at wholesale, retail, fertilizing materials, agricultural minerals, soil amendments, manures, auxiliary soil or plant substances and agrichemicals. Industry Members may also be any individual, firm or corporation vital to the production of fertilizers and agrichemicals, or one or more of the components thereof, and manufacturers or suppliers of equipment and machinery used directly in or related to the fertilizer and agrichemical industry. Each company shall designate the individual who will perform the duties of the voting member.

Category	Your Company's Sales	Dues for 2026
A	\$0.00 - \$5,000,000	\$1,000.00
B	\$5,000,001 - \$10,000,000	\$1,500.00
C	\$10,000,001 - \$20,000,000	\$2,600.00
D	\$20,000,001 - \$30,000,000	\$3,750.00
E	\$30,000,001 - \$60,000,000	\$7,000.00
F	\$60,000,001 - \$100,000,000	\$11,400.00
G	\$100,000,001 - \$150,000,000	\$16,700.00
H	\$150,000,001 - \$200,000,000	\$22,100.00
I	\$200,000,001 - \$250,000,000	\$26,840.00
J	\$250,000,001 - \$300,000,000 and over	\$33,100.00

CONSULTANT/APPLICATOR **Service Provider**

The Independent Consultant/Independent Applicator shall be those individuals and/or businesses who provide consulting services and/or product application services to end users. These individuals and/or businesses provide such services on a contractual basis. These individuals and/or businesses are not directly employed by retail crop input dealers and/or end users. This category enjoys full rights and benefits of membership and is eligible to vote on corporate affairs. **\$900.00**

AFFILIATE MEMBER **Supplier**

Affiliate memberships shall be any individual, firms, or corporations providing goods and services to the fertilizer and agricultural industry but are not otherwise directly engaged within the industry. Affiliate members shall have full rights of membership except the right to vote on corporate affairs. **\$800.00**

Certificate of Membership Category Statement

Industry Member
 Consultant/Applicator
 Affiliate Member
 Dues Amount Included \$ _____
 PLEASE INCLUDE YOUR PAYMENT WITH APPLICATION

MEMBERSHIP INFORMATION

COMPANY NAME _____
 AUTHORIZED/VOTING REPRESENTATIVE _____
 EMAIL _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____

SIGNATURE OF AUTHORIZED/VOTING REPRESENTATIVE _____
 I verify that the category selected above represents a true and accurate statement of my company's sales volume in the states of Washington, Idaho, Oregon, Utah and Nevada, as described above.

COMPANY SAFETY TRAINING CONTACT: _____ EMAIL _____
 COMPANY ACCOUNTING CONTACT: _____ EMAIL _____
 COMPANY MARKETING CONTACT: _____ EMAIL _____