

MAGRUDER FERTILIZER CHECK SAMPLE PROGRAM
Subscription Application for the Period of January 1 - December 31, 20_____
www.magruderchecksample.org

We request subscription for our laboratory in the Magruder Fertilizer Check Sample Program for the period of January 1 through December 31. As a subscribing laboratory, we agree to see that the analysts who assay the Magruder fertilizer samples in this laboratory are fully informed of the instructions provided with the samples before analysis is started. Whenever possible, the analyst who usually performs a given analysis will assay the check sample.

Permission is hereby granted for publication and inclusion of these results in subsequent statistical treatments and reports by the Magruder Committee and/or its agent. We will endeavor to perform as many of the analyses as possible on each of the check samples and enter the results on the website at www.magruderchecksample.org by the 15th of the month.

It is agreed that this laboratory will pay in advance at the rate of U.S \$300 per annum. (Subscribers outside of the US will be charged for postage.) We understand that our subscription will be automatically renewed each year and we will be billed the membership fee established annually by the Magruder Committee.

Laboratories new to the program will NOT be charged the \$300 enrollment fee the initial year of enrollment. International labs will be charged for shipping costs the initial year of enrollment.

Except for Signature, print or type entries below.

Name: _____ Signature: _____

Lab Name: _____

LABORATORY CONTACT FOR SAMPLE SHIPMENT:

Lab Contact Person _____

Postal Address 1: _____

Postal Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone #: _____ Fax #: _____

Email: _____

CONTACT FOR INVOICE PAYMENT:

Check here if same as Lab Contact

Invoice Contact Person _____

Postal Address 1: _____

Postal Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone #: _____ Fax #: _____

Email: _____

CONTACTS FOR INTERNET LAB PORTAL ACCESS:

Contact Person 1: _____

Email 1: _____

Contact Person 2: _____

Email 2: _____

Contact Person 3: _____

Email 3: _____

Contact Person 4: _____

Email 4: _____

Please fill in the information requested above. A confidential laboratory number will be assigned and returned.

Please sign and return this form to:

**Jamey Johnson, Treasurer
Division of Feed & Fertilizer
No. 1 Natural Resources Dr.
AR State Plant Board
Little Rock, AR 72205 USA
Phone 501-225-1598 Fax 501-219-1746
aapfco@aspb.ar.gov**