



*Excellence in Forage and Feed Testing for the Farmer*

## New Member Application & Information Form

Laboratory or Entity Name:	
Street Address:	City, State, Zip:
Telephone:	Fax:
Name of Contact Person:	Title of Contact Person:
Email of Contact Person:	
Names, titles, & emails of other involved persons at your lab:	
Type of Business or Organization: (e.g. seed breeder, university research lab, etc.)	Category of NIRSC membership: (See accompanying membership categories document.)
Instrument Make & Model:	Instrument Serial #:
Type of attachment on instrument: (e.g. spinning cup, autoloader, external cup. etc.)	Is instrument Autogain equipped?
What is your desired timeline for completing standardization and getting equations running?	
What types of projects, equations, etc. are you interested in participating, in development or update etc.?	
Other comments:	
<input type="checkbox"/> I would like to confirm our business/organization joining the NIRSC now. <b>OR</b> <input type="checkbox"/> I would like to get more information before joining the NIRSC. <input type="checkbox"/> For Commercial Labs: Our lab pledges to participate in the NFTA certification program. <b>OR</b> <input type="checkbox"/> For Commercial Labs: Our lab is already certified with NFTA.	

**Send form to:** **Patty Laskowski-Morren**  
**NIRS Consortium**  
**E17995 Western Rd**  
**Hillsboro, WI 53716**

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