



California Chapter
ASFMRA
Western Ag Professionals



Intern Request

Company Name _____

Accredited Member First Name _____ **Accredited Member Last Name** _____

Designation _____

Street Address _____ **Phone Number** _____

City _____ **State** _____ **Zip Code** _____

Location of Internship _____ **City** _____ **State** _____

Anticipated Intern Responsibilities/Duties _____

Proposed Compensation \$ _____ per hour **Total Hours/Week** _____

Amount of Travel Required _____ hours/week

Date Internship Available _____

Requested Last Day of Internship _____

Intern Requested* _____

**Companies do not need to have intern designated to apply.*