



**INTERNATIONAL WATER INSTITUTE
Stewardship Program**

**Agricultural Producer Participation
Request Form**

Name (Print) _____

Address _____

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

Telephone _____

Email _____

By submitting this form you confirm your interest in participating in the International Water Institute, Stewardship Program. You acknowledge participation is completely voluntary, to agree to participate in good faith, and to provide on-farm operational and precision agriculture data subject to the confidentiality agreement.

Please fill out the form and either email it to david@iwinst.org or mail it to 1120 28th Avenue North Suite B. Fargo, ND 58102

Signature _____

Date _____