*[To be copied onto the Member’s Letterhead*]

To: Jeff Gwyn, PhD

Program Director

International Wheat Yield Partnership

1500 Research Parkway, Suite 150 Centeq A

College Station, TX 77843

iwypprogdirector@iwyp.org

Date: dd/mm/yyyy

Dr. Gwyn:

We confirm receipt of your letter dated DD/MM/YYYY (the “Letter”) which sets out the terms of private industry membership of the International Wheat Yield Partnership (“IWYP”).

We confirm that we wish to become a Member of the IWYP and have reviewed, fully understand and agree to the terms and conditions of membership as set out in the Letter.

We confirm our commitment to the following membership level for 3 years from the date of this acceptance:

Membership Level: Standard Member (USD $5,000 per year)

(Please tick)

 Executive Member (USD $10,000 per year)

We will pay the above chosen fee on an annual basis for 3 years and payment will be made within 30 days of receipt of an invoice from the IWYP or chosen contracting party.

We represent and warrant that all the information provided by us to you to register as a member is correct and current, and that we have the necessary right, power and authority to enter into this membership agreement and to perform the acts required of us thereunder.

Sincerely,

……………..

Authorised signatory for and on behalf of [*insert company’s name*].