

APPLICATION FOR MEMBERSHIP

Please fill out this application as thoroughly as possible so we may better serve you.
 This information will be treated as confidential.

Personal information

Member #1

First Name _____ Middle _____ Last _____
 E-mail _____ Home Phone _____ Cell phone _____
 Address _____ Work phone _____
 City _____ State _____ Zip _____
 County of membership _____
 Business Name _____
 Date of Birth _____ Gender _____

Member #2

First Name _____ Middle _____ Last _____
 E-mail _____ Cell phone _____
 Date of Birth _____ Gender _____

Dependent(s)

First Name _____ Last _____ Date of Birth _____ Gender _____
 First Name _____ Last _____ Date of Birth _____ Gender _____
 First Name _____ Last _____ Date of Birth _____ Gender _____

Billing information

Same address as above Different billing address (complete below)

First Name _____ Middle _____ Last _____
 E-mail _____ Home Phone _____ Cell phone _____
 Address _____ Work phone _____

Your County Farm Bureau Dues

Contact your local county Farm Bureau office or call toll-free (866) 598-3693 for the dues amount. \$ _____

Please choose one: Spokesman (weekly, farm publication)
 Family Living (bi-monthly, lifestyle publication)

Payment method

Check (please make check payable to Farm Bureau) Check # _____ Check amount \$ _____

While Farm Bureau dues are not deductible as a charitable contribution for federal income tax purposes, they may be deducted as a business expense.
 Dues are non-refundable and non-transferrable.