MICHIGAN FARM BUREAU FAMILY OF COMPANIES

MEMBERSHIP APPLICATION and AGREEMENT

I request membership in Michigan Farm Bureau and _____ County Farm Bureau.	Membership Number	Effective Date	County Number

APPLICANT INFORMATION *Please print or type*

Applicant's Name Last	First	Middle	*Social Security Number*	*Email Address*

C/O Attention	*Marital Status* ☐ Married ☐ Single	*Gender* ☐ Male ☐ Female	*Birthdate (Month, Day, Year)*

Street/Road, RR#, Box #, P.O. Box Apt. No.	*Home Telephone Number (include area code)*

City State Zip Code	*Business Telephone Number (include area code)*

Spouse's Name Last	First	Middle	*Social Security Number*	*Birthdate (Month, Day, Year)*

CHILDREN (Unmarried and Under 22) *(Attach additional sheet if needed)*

Name (First Only) *Last name when different.*	*Birthdate (Month, Day, Year)*	*Name (First Only)* *Last name when different.*	*Birthdate (Month, Day, Year)*
Name (First Only) *Last name when different.*	*Birthdate (Month, Day, Year)*	*Name (First Only)* *Last name when different.*	*Birthdate (Month, Day, Year)*

Membership Classification

☐ (1) Regular-Farming ☐ (3) Associate Bus. Non-Farming
☐ (2) Associate Individual ☐ (4) Associate Bus. Farming

Farmer Status (Farmers Only)

☐ E=Employee ☐ F=Farm Rented ☐ I=Incorporated
☐ R=Retired ☐ S=Sole Proprietor ☐ P=Partnership

No. of Full-Time Employees: _____ No. of Seasonal Employees: _____

Account Infomation

☐ New Account ☐ Combine with Account No. ☐☐☐☐☐☐☐☐☐

Sub Account **001** Billing Entity **000 -** ☐☐☐

Billing Entity Name: _____

Amount $ _____ ☐ Cash ☐ Check ☐ EFT (Annual)*
**EFT Authorization Form Required*

Name of Membership Worker: _____

Agent No. _____ ☐ Agent ☐ Volunteer ☐ County Office Staff

MAJOR COMMODITIES PRODUCED ☐ NO COMMODITIES

Acreage	Total actively farmed	Rented land you farm	Own but rent to others
<249	☐	☐	☐
250-500	☐	☐	☐
501-1000	☐	☐	☐
>1000	☐	☐	☐

Livestock	Aquaculture	Beef	Bees and Honey	Captive Cervidae	Chicken, Eggs	Chicken Meat	Dairy Cattle	Dairy Goats	Horses	Sheep	Swine	Turkey
<249	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
250-500	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
501-1000	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
>1000	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Vegetables	Asparagus	Cabbage	Carrots	Cauliflower	Cucumber, Fresh	Cucumber, Processed	Celery	Green Peas	Lettuce	Melons	Mint	Mushrooms
<25	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25-49	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
50-74	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
>75	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Fruits	Apples	Apricots	Blue-berries	Cranberries	Grape, Juice	Grape, Wine	Nectarines
<25	☐	☐	☐	☐	☐	☐	☐
25-49	☐	☐	☐	☐	☐	☐	☐
50-74	☐	☐	☐	☐	☐	☐	☐
>75	☐	☐	☐	☐	☐	☐	☐

Vegetables, cont'd.	Onions	Peppers	Potatoes	Pumpkins	Radishes	Snap Beans	Spices and Herbs	Squash	Sweet Corn	Tomatoes, Fresh	Tomatoes, Processed
<25	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25-49	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
50-74	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
>75	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Fruits cont'd	Peaches	Plums	Strawberries	Sweet Cherries	Tart Cherries	Watermelon
<25	☐	☐	☐	☐	☐	☐
25-49	☐	☐	☐	☐	☐	☐
50-74	☐	☐	☐	☐	☐	☐
>75	☐	☐	☐	☐	☐	☐

Field Crops	Barley	Canola	Corn, Grain	Corn, Seed	Corn, Silage	Dry Beans	Hay	Oats	Popcorn	Soybeans	Sugar Beets	Wheat
<249	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
250-500	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
501-1000	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
>1000	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Horticulture	Greenhouse	Nursery	Turfsod	Christmas Trees	Forestry
<249	☐	☐	☐	☐	☐
250-500	☐	☐	☐	☐	☐
501-1000	☐	☐	☐	☐	☐
>1000	☐	☐	☐	☐	☐

Other:

Farm Bureau membership dues are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible as an ordinary and necessary business expense. The dues include a subscription to either the Benefits Advisor or the Michigan Farm News ($1.50) and to the county publication (in those counties where applicable). The cost of the subscriptions cannot be deducted from the membership dues.

As a person interested in agriculture and in furthering the objectives of the above indicated County Farm Bureau and Michigan Farm Bureau, I hereby apply for a family membership in these organizations. I understand that this Membership Application and Agreement is subject to the acceptance by the Boards of Directors of these organizations and, if it is accepted, I agree to abide by the bylaws and policies of said County Farm Bureau and Michigan Farm Bureau. I further understand that this Membership Application and Agreement shall be effective at all times during which I am a member in good standing of these organizations.

X _____ Applicant's Signature _____ Date

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