MICHIGAN	FARM	BUREAU
FAMILY OF	COMP	SAUFE

MEMBEDSHID ADDITION and AGDEEMENT

FALL	MILY OF	COMPA	WES		AIDE	КЭПІ			U T	IIOI	anu	AGIN							
Effectiv	e Date			N	Membersh	ip Number	•			I request membership in Michigan Farm Bureau and									
													_			Co	unty Farm	n Bureau.	
			DRMAT												_				
Applicant's	s Name	La	ıst	First Middle Emai					Email	ail Address					Occupa	Occupation (REQUIRED)			
C/O Attention Place							Place	ce of Employment (REQUIRED)						City of Employment (REQUIRED)					
								ital Status Gender						Birthdate (Month, Day, Year) (REQUIRED)					
City				State			Zip Cod		Teleph	Married Single Male Female phone Number (include area code) (REQUIRED)						Telephone Number (include area code)			
Spouse's I	Name	La	ıst			First			Prima	nary: () Middle Birthdate						Business: () (Month, Day, Year) (REQUIRED)			
Occupation	n			Place	e of Empl	oyment				City of Employment Email Ad					ddress	dress			
CHILDREN (Unmarried and Under 22) (Attach additional sheet if needed)																			
Name (First			name when			te (Month,					rst Only)	Last nar	ne when	different.	Birtho	late (Mont	h, Day, Yea	ar) (REQUIRED)	
	10.11			****	Diatherte	(- /\	D \/	\ /DEQU	(DED)) (250///250)			
Name (Firs	st Only)	Last	name when	аттегепт.	Birtinua	te (Month,	рау, теа	I) (KEQU	IKEU) I	Name (Fii	rst Only)	Last nan	ne wnen	different.	Birtho	ate (Mont	n, Day, Yea	ar) (REQUIRED)	
			Membe	rship Cla	ssificati	on							Acc	ount In	fomation	1			
☐ (1) Regula	ar-Farm	ing		(2) Ass	ociate Ind	ividual			□ New /	Account						111		
			Farmer S	tatus (Fa	rmers C	nly)				Sub Account 001 Billing Entity 000 - L L Billing Entity Name:									
□ E=Em	nlovee		□ F=F	arm Rent	ed		=Incorp	orated								7 Check	□ FF1	(Annual)*	
☐ R=Ref	. ,		_	Sole Propr			P=Partn				Membe				Juo	*EFT AL	uthorization F	orm Required	
No. of Eu	II Tima			Na	o of Coo	sanal Em	مم مر بما م					• —	Agen		Volunte	or \square	County	Office Staff	
				No		sonai Em	<u> </u>				0	<u> </u>	Agen	. <u></u>	Volunte		County	Jilice Stall	
IVIAJ	OR CC	DIVINIO	פשוווע	PRODUC			□ NC	COM	Bees					<u> </u>	T	Т	1		
Acreage	Total act farme		ented land you farm	Own but r to others		stock Aqua	culture	Beef	and Honey	Captive Cervida				Dairy Cattle	Dairy Goats	Horses	Sheep S	Swine Turkey	
<249																			
250-500																			
501-1000						-													
>1000			\Box					<u> </u>	4					Discourse Course					
			e Carrots	Cauliflower	Fresh	Cucumber, Processed	Celery	cas			Mushroon			Apricois	Dellies	annemes	Juice W	nape, Nectarines	
<25 25-49												<25 25-49							
50-74												50-74							
>75												>75							
Vegetables,	Onions	Peppers			Radishes	Snap S	pices	uash Si	weet T	omatoes,	Tomatoes,	Fruits	Peache			Sweet	Tart	Watermelon	
cont'd.							erbs	C	orn	Fresh	Processed	cont'd <25				Cherries	S Cherries		
25-49												25-49							
50-74												50-74							
>75												>75							
Field Crops	Barley	Canola	Corn,	Corn, Co		/ Цау	Oats		n Soyb	Suc	jar _{Wheat}	Horticu		reenhouse		Turfsod	Christm		
<249												<25							
250-500												25-49							
501-1000												50-7	4						
>1000												>75							
Other:	Other:																		
Farm Bureau membership dues are not deductible as charitable contributions for Federal Income Tax purposes. The dues include a subscription to either the																			

Benefits Advisor or the Michigan Farm News and to the county publication (in those counties where applicable).

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 Signa	ature	Date