

APPLICATION AND MEMBERSHIP AGREEMENT



Farm Bureau[®] and Illinois Agricultural Association[®]

Membership Class (Check first that applies):

- Farm Owner/Operator with \$2500 Gross Farm Income**
Regular Voting \$ _____
- Full-Time on Farm Employee**
Member Choice: Regular Voting \$ _____ Associate \$20
- Employed in Ag-Related Occupation**
Member Choice: Professional Voting \$ _____ Associate \$20
- None of the above** Associate \$20

Our goal is to maintain an organization through which people work together to strengthen agriculture. I believe in this cause and seek to further it by joining. I am applying for membership with the county Farm Bureau and the Illinois Agricultural Association for this membership year, and from year to year thereafter as long as dues are paid in advance. The membership dues stated above are for the first membership year.

Application Membership Year: _____ County of Residence _____
Beginning Month _____, 20____ / Ending _____, 20____

	<input type="checkbox"/> Individual	<input type="checkbox"/> Business/Entity
Name	_____	
	(Please Print) Last	First Middle
Name	_____	
	Spouse/Civil Union Partner Last	First Middle
Address	Business Name (if applicable) _____	
	Street Address _____	Street _____
	City, State _____	Zip Code _____
	Township _____	Occupation & Employer (required) _____
Birthdate	_____ / _____ / _____	_____ / _____ / _____
	(required) Applicant (required)	Spouse/Civil Union Partner (required)
Contact Information	_____ () _____ () _____	
	Email Address (required)	Phone Number (required) Mobile Phone Number (required)

This application is subject to acceptance by the county Farm Bureau board and the Illinois Agricultural Association. I agree to pay membership dues in the amount fixed in the bylaws of the county Farm Bureau and the Illinois Agricultural Association for each succeeding membership year in advance so long as this agreement remains in effect. In the event this application is not accepted, the membership dues paid will be refunded. The county Farm Bureau reserves the right to re-classify my membership in accordance with the bylaws of the county Farm Bureau and the Illinois Agricultural Association. **This agreement can be terminated by either party by supplying written notice to the other party 60 days prior to the end of the membership year, but membership dues are not refundable.**

Signature of Applicant

Membership dues are not tax-deductible as charitable contributions. The dues include a subscription to either FarmWeek or Partners publication (\$3.00) and to the county Farm Bureau publication (in those counties where applicable). The cost of the subscriptions cannot be deducted from the membership dues.

For Office Use Only:

Amount Received: \$ _____ Date: _____ Recommended By: _____ Account Number: _____

Make your check payable to _____ County Farm Bureau
and include account number or you may pay by credit card.*



Name as it appears on card: _____

Signature _____ Phone (_____) _____ - _____

Expiration Date _____ / _____ Amount \$ _____

Credit Card Acct # _____ - _____ - _____ - _____

***Credit Card payment not accepted for Clay County Farm Bureau. Please pay by cash or check only.**