MEMBER APPLICATION

☐ New   ☐ Renewal

COUNTY NAME IF RENEWING, MEMBER ID #

LAST NAME FIRST NAME M.I. PHONE NUMBER

SPouse LAST NAME S.Pouse FIRST NAME S.M.I. TOWNSHIP

ADDRESS (MUST HAVE HOUSE NUMBER, P.O. BOX OR ROUTE NUMBER)

CITY STATE ZIP BIRTH DATE S.Pouse BIRTH DATE

EMAIL ADDRESS S.Pouse EMAIL ADDRESS

SOLICITOR NAME

Make check payable to: OHIO FARM BUREAU FEDERATION

APPLICANT SIGNATURE

DATE

MEMBERSHIP DUES ARE NONREFUNDABLE.

AFFILIATION TO AGRICULTURE Check what best describes you.

☐ Full time/Part time Farmer/Producer

☐ Farmland owner

☐ Non-farmer, but work professionally within agriculture industry

YOUNG ACTIVE (age 18-24)

☐ Full time/Part time Farmer/Producer

☐ Farmland owner

☐ Agriculture Student

☐ Non-farmer, but work professionally within agriculture industry

☐ Not affiliated with agriculture industry, but support the mission of Ohio Farm Bureau

PAYMENT RECEIPT: Ohio Farm Bureau Membership

Date: _______________ Amount: _______

Amount Received From: ________________________________

Address: _______________________________________

Payment made by: ______ Cash ______ Check ______ Credit Card ____________________________

Authorized signature ____________________________

MEMBERSHIP DUES ARE NONREFUNDABLE.

Thank you for your membership.