

APPLICATION AND MEMBERSHIP AGREEMENT

County Farm Bureau®
and Illinois Agricultural Association®



Our goal is to maintain an organization through which farm people and others can think, act, and work together to strengthen agriculture's role and influence as a vital part of a strong and prosperous economy in a free America. We work to better the conditions of those engaged in agriculture, improve the grade of agricultural products, and develop a higher degree of efficiency in the production of agricultural products.

I believe in and support these goals and purposes and seek to promote them by joining this county Farm Bureau.

I hereby apply for membership in _____ County Farm Bureau and the Illinois Agricultural Association. This application is for the membership year beginning _____, 20____, and ending _____, 20____, and from year to year thereafter, so long as the membership dues are paid in advance. Such membership is subject to the bylaws of these organizations. The membership dues of \$_____* for the first membership year are paid herewith. I agree to pay membership dues in the total amount fixed in the bylaws of the county Farm Bureau and in the bylaws of the Illinois Agricultural Association for each succeeding

membership year in advance so long as this agreement remains in effect.

I understand that \$3.00 of my annual membership dues is for a year's subscription to the Illinois Agricultural Association's official publication as checked: () *FarmWeek* (designed for farm operators) or () *Partners*. Also, \$ _____ of my annual membership dues is for a year's subscription to _____, the official publication of my county Farm Bureau.

I understand that this application for membership is subject to acceptance by the county Farm Bureau board and the Illinois Agricultural Association. In the event this application is not accepted, the membership dues paid herewith shall be refunded. Further, the county Farm Bureau board has the authority to classify my membership in accordance with the bylaws of the county Farm Bureau and the Illinois Agricultural Association on the basis of the personal information contained in this application.

Either party may terminate this membership agreement as of the end of any membership year by notice in writing to the other party during the last 60 days of such year.

* Membership dues are not tax deductible as charitable contributions.

Membership Number _____		Telephone _____	
Name _____			
(Please Print)		Last	First
		Middle	
Name _____			
Spouse/Civil Union Partner		Last	First
		Middle	
Address _____			
House Number/RR		Street	
City/State		Zip Code	
County		Township	
Email Address _____			
Birthdate _____		_____	
Applicant		Spouse/Civil Union Partner	

QUALIFICATIONS

Gross farm income \$2,500 or more per year

Does not own or operate farm

Have you ever been a Farm Bureau member? _____

Where? _____

When? _____

Individual Farm Owner: _____ Acres in _____
(#) County/State

Individual Farm Operator : _____ Acres in _____
(#) County/State

Form of Ownership or Method of Operation: _____

Occupation: _____

This is a joint membership. This is an individual membership.

Signature of Applicant _____

Signature of Spouse/Civil Union Partner _____
(Required for Joint Membership)

Amount received from applicant \$ _____ Recommended by _____
Date _____ County Farm Bureau Board Action: Approved Voting Non-voting Rejected

"Where Membership Means Value."