



FARM BUREAU MEMBERSHIP APPLICATION

Name _____ Spouse's Name _____
 Date of Birth _____ Date of Birth _____
 County _____ Township _____
 Account # _____ Voting Member _____ Associate Member _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) _____ Email _____
Children: *(Must be listed to qualify for Accidental Death Policy)*
 _____ DOB: __/__/__ _____ DOB: __/__/__
 _____ DOB: __/__/__ _____ DOB: __/__/__
 _____ DOB: __/__/__ _____ DOB: __/__/__

Having paid \$ _____ is a member in good standing of the
 _____ County Farm Bureau, for
 One Year ___ Three Years ___ Today's Date: _____
 _____ _____
Agent Name and Number County Membership Volunteer

For further information, contact your county Farm Bureau or the Minnesota Farm Bureau office at 651-768-2100.

Mail to: Minnesota Farm Bureau, Attn: Membership, P.O. Box 64370, St Paul, MN 55164.

I am interested in the following Farm Bureau programs & services:

- _____ Farm Bureau Insurance & Investment Products
- _____ Member Benefits/Discounts
- _____ Policy Development
- _____ Legislative Activities
- _____ Young Farmers Program
- _____ Promotion & Education
- _____ Ag in the Classroom
- _____ Safety Programs
- _____ Direct Marketer Listing

Farming Operation:

- _____ Full time _____ Part-time
- _____ Non-farmer (*Friend of Ag*)
- _____ Owner _____ Farm Employee

Commodity Interests:

- | | |
|-------------------|--------------------|
| _____ Beef | _____ Sunflowers |
| _____ Chickens | _____ Swine |
| _____ Turkeys | _____ Vegetables |
| _____ Corn | _____ Fruits |
| _____ Dairy | _____ Wheat |
| _____ Hay | _____ Organics |
| _____ Equine | _____ Forestry |
| _____ Sheep | _____ Horticulture |
| _____ Soybeans | _____ Deer/Elk |
| _____ Sugar Beets | _____ Other |