

Farm Bureau Membership Application

Mahoning County Membership Agreement _____ New Member _____ Renewal

First Name Middle Name Last Name Social Security Number

Address Township

City State Zip Code

Spouse's Name Spouse's Social Security Number

Please Check All that Are Applicable

Full Time Farmer _____ Absentee Owner _____

Part Time Farmer _____ Non Farmer _____

Retired Farmer _____ Number of Acres Owned _____

Interest in Farm: Own _____ Lease _____ Own & Lease _____ Employee _____ Ag-Related _____

Legal Structure: Partnership _____ Owner Operator _____ Corporation _____

Name up to three categories for major commodities: _____

Other Information:

Member's Birthdate _____ / _____ / _____
Month Day Year

Spouse's Birthdate _____ / _____ / _____
Month Day Year

Dependent Children (Name and Birthdate)

Month / Day / Year

Month / Day / Year

Month / Day / Year

Month / Day / Year

Month / Day / Year

Member's Signature Telephone Number

Date

Make \$60.00 Check Payable To: Mahoning County Farm Bureau
P.O. Box 369
Canfield, Ohio 44406