



Please Print

Full Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
First Last First Last

Date of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Entity type:  Sole Proprietor  Corporation  Partnership  LLC

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Membership: \_\_\_\_\_

- Select One:**
- **Associate Member** Includes subscription to *CHOICES* newsmagazine.
    - All Counties **\$35**
  - **Ag/Ag related Member** Includes subscription to *Arizona Agriculture Newspaper*.
    - Maricopa and Yuma Counties **\$150.**
    - All Other Counties **\$112.**

Referred by:  Volunteer  FB staff  Agent  Other Name \_\_\_\_\_

Agent no. \_\_\_\_\_

**I am interested in:**

<input type="checkbox"/> Farm Bureau Bank	<input type="checkbox"/> Young Farmer & Rancher Program (18-35 yrs. old)	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Workers' Comp. Insurance	<input type="checkbox"/> Political Action	<input type="checkbox"/> Life, property & casualty insurance
<input type="checkbox"/> Women's Leadership Program		

Preferred method of contact:  Email  Phone  Fax  U.S. Mail

Would you be willing to contact elected officials on issues?  Yes  No

Would you share your party affiliation?  Democrat  Republican  Independent  Libertarian  Other

I hereby apply for membership in my county Farm Bureau, the Arizona Farm Bureau and the American Farm Bureau Federations. I understand that payment of dues makes me eligible for Farm Bureau services; some dependent on normal underwriting standards. This privilege continues from year-to-year upon payment of my annual membership dues. **Membership dues are non-refundable and non-transferable. (See payment options on back)**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: For federal income tax purposes, membership dues are not deductible as charitable contributions, but may qualify as business expenses.

**AG MEMBERS ONLY**

**Type of Ag member:** (Check all that apply)

<input type="checkbox"/> Ag Producer	<input type="checkbox"/> Retired Ag Producer	<input type="checkbox"/> Ag Employee	<input type="checkbox"/> Agri-business	<input type="checkbox"/> Land owner only
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Acreage:  Less than 100  More than 100

Are you a Public Lands Rancher?  Yes  No

Do you sell direct to the public?  Yes  No

**Commodities:** (check all that apply)

<input type="checkbox"/> Alfalfa/Forage	<input type="checkbox"/> Citrus	<input type="checkbox"/> Cotton	<input type="checkbox"/> Fruit	<input type="checkbox"/> Nuts	<input type="checkbox"/> Equine	<input type="checkbox"/> Vegetables	<input type="checkbox"/> Wheat/Grain	<input type="checkbox"/> Dairy Cattle	<input type="checkbox"/> Beef Cattle	<input type="checkbox"/> Poultry	<input type="checkbox"/> Sheep/Goat	<input type="checkbox"/> Agritainment	<input type="checkbox"/> Swine	<input type="checkbox"/> Other
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Please list any dependent children (name and birth date) \_\_\_\_\_

**Payment Options**

Enclosed is a check in the amount of \$\_\_\_\_\_ for the membership listed above.

*Please mail application and check to:*

**Arizona Farm Bureau  
Membership Administration  
325 S. Higley Rd.  
Gilbert, AZ 85296-4302**

**If paying with your credit card, you may fill out this application online at [www.azfb.org](http://www.azfb.org) or complete this form and mail or fax to 480-635-3781 ATTN: Membership Administration.**

I authorize you to charge my credit card for the amount of \$\_\_\_\_\_ for the membership listed above.

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Security code (3-digit code on back for Visa and Mastercard; 4-digit on front for Am. Ex.): \_\_\_\_\_

Authorized  
signature: \_\_\_\_\_

Please print  
cardholder's name here: \_\_\_\_\_