

Niagara County Farm Bureau New Member Application

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I hereby apply for a one-year membership in the Niagara County Farm Bureau and New York Farm Bureau (which is a member of the American Farm Bureau Federation), the purpose of which is to promote, protect, and represent the economic, social, and educational interests of New York's farmers, as well as encourage the protection of agricultural areas and rural interests within the state. I am interested in promoting these objectives through membership. I understand acceptance or denial and classification of my membership are determined by the county Farm Bureau.

| Member Name: | Date of Birth |
|---------------------------------------|--|
| Spouse's Name: | Date of Birth |
| Company/ Business Name: | |
| Street or P.O. Box: | |
| Town/ City: | State: Zip Code: |
| Home/ Business Phone: | Cell Phone: |
| Email Address: | |
| Type of Farm Products Produced or Typ | e of Business: |
| | ontributions for federal income tax purposes. However, they may be tax deductib nal Revenue Code. Membership dues are not refundable. |
| First Year Member Dues: | |
| \$110- Adult/ Family Membershi | p S20- Student Membership (16-21 years old) |
| Method of Payment: Check Bill N | Me MasterCard Visa Discover American Express |
| Credit Card #: | Exp. Date: Sec. Code: |
| Signature: | |
| How did you learn about NYFB? / Who | signed you up? |
| | |

Please make checks payable to:
Niagara County Farm Bureau, 8999 Ridge Rd. Gasport, NY 14067