

APPLICATION AND MEMBERSHIP AGREEMENT

Knox County Farm Bureau[®] and Illinois Agricultural Association[®]

Membership Class (Check first that applies):

- Farm Owner/Operator with \$2500 Gross Farm Income**
Regular Voting \$ _____
- Full-Time on Farm Employee**
Member Choice: Regular Voting \$ _____ Associate \$20
- Employed in Ag-Related Occupation**
Member Choice: Professional Voting \$ _____ Associate \$20
- None of the above** Associate \$20
- Individual** **Business/Entity**

Our goal is to maintain an organization through which people work together to strengthen agriculture. I believe in this cause and seek to further it by joining. I am applying for membership with the county Farm Bureau and the Illinois Agricultural Association for this membership year, and from year to year thereafter as long as dues are paid in advance. The membership dues stated above are for the first membership year.

Knox County of Residence

Application Membership Year:

Beginning Month _____, 20__ / Ending _____, 20__

Name	_____			
	(Please Print)	Last	First	Middle
Name	_____			
	Spouse/Civil Union Partner	Last	First	Middle
	Business Name (if applicable) _____			
Address	_____			
	Mailing Address _____			
	City, State		Zip Code	
	Township		Occupation & Employer (required) _____	
Birthdate	_____ _____ _____	_____ _____ _____		
(required)	Applicant (required)		Spouse/Civil Union Partner (required)	
Contact Information	_____ () _____		_____ () _____	
	Email Address (required)		Phone Number (required)	
			Mobile Phone Number (required)	

This application is subject to acceptance by the county Farm Bureau board and the Illinois Agricultural Association. I agree to pay membership dues in the amount fixed in the bylaws of the county Farm Bureau and the Illinois Agricultural Association for each succeeding membership year in advance so long as this agreement remains in effect. In the event this application is not accepted, the membership dues paid will be refunded. The county Farm Bureau reserves the right to re-classify my membership in accordance with the bylaws of the county Farm Bureau and the Illinois Agricultural Association. **This agreement can be terminated by either party by supplying written notice to the other party 60 days prior to the end of the membership year, but membership dues are not refundable.**

Signature of Applicant

While dues, contributions or gifts to IAA and your county Farm Bureau are not tax deductible as charitable contributions, they may be tax deductible under other provisions of the Internal Revenue Code.

IAA estimates that a portion of your dues (\$10 for associate members and \$22 for other member categories) is allocable to nondeductible lobbying expenditures. \$3 of annual membership dues are for a year's subscription to the IAA official publication (FarmWeek[®] or Partners).

For Office Use Only:

Amount Received: \$ _____ **Date:** _____ **Recommended By:** _____ **Account Number:** _____

Make your check payable to Knox County Farm Bureau and include account number or you may pay by credit card.*



Name as it appears on card: _____ **Signature** _____

Phone (_____) _____ - _____

Expiration Date _____ / _____ **Amount** \$ _____

Credit Card Acct # _____ - _____ - _____ - _____

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