



# SIGNING UP FOR A LASALLE COUNTY FARM BUREAU MEMBERSHIP

Cut out the items below to dress your Elf on the Shelf for their Farm Bureau activities



**APPLICATION AND MEMBERSHIP AGREEMENT**

\_\_\_\_\_ 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 \_\_\_\_\_ County of Residence \_\_\_\_\_

None of the above  Associate \$20

Individual  Business/Entity

**Application Membership Year:**  
Beginning Month \_\_\_\_\_, 20\_\_\_\_ / Ending \_\_\_\_\_, 20\_\_\_\_

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.

**Name**

Name (Please Print) Last First Middle \_\_\_\_\_

Name Spouse/Civil Union Partner Last First Middle \_\_\_\_\_

**Address**

Business Name of applicable: \_\_\_\_\_

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 \$23 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 \_\_\_\_\_ 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 \$ \_\_\_\_\_ CVV \_\_\_\_\_

Credit Card Act 18

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