



Dues are NOT deductible as charitable contributions or as farm business expenses.

Control Number \_\_\_\_\_

FARM BUREAU & FARM BUREAU HEALTH PLANS MEMBERSHIP AGREEMENT

[ ] New [ ] Change Voting District \_\_\_\_\_

Proposed Classification [ ] Member [ ] Agricultural Member

Applicant Name(s) – Please print

Table with columns: First, Middle, Last, Suffix, Title, DOB, Marital Status, Gender

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country if other than USA \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The undersigned hereby applies for a family membership in the \_\_\_\_\_ County Farm Bureau (County), renewable annually, and through its affiliation with the Tennessee Farm Bureau Federation (TFBF) and American Farm Bureau Federation (AFBF).

The applicant believes in the future of Tennessee agriculture and supports Tennessee farm families and production agriculture. The applicant endorses the organization's mission to "develop, foster, promote, and protect programs for the general welfare, including economic, social, educational and political well-being of farm people of the great state of Tennessee", and will promote this mission by educating and cooperating with the public and private sectors charged with enacting or administering laws and policies affecting agriculture.

The applicant acknowledges that membership dues of \$30 each year are distributed as follows: County \$10.75; TFBF \$12.25; \$1 split evenly among all Tennessee county Farm Bureaus; AFBF \$5; publications \$1. Dues not paid by the due date are subject to a \$5 late fee. The applicant understands that these membership dues are subject to increase only by the house of delegates at the TFBF Annual Meeting. This agreement also includes membership in Tennessee Rural Health Improvement Association, DBA - Farm Bureau Health Plans.

The applicant hereby tenders payment of the initial \$30 annual membership by cash, check, or automatic withdrawal authorization.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Membership Transfer Authorization (If applicable)

As a convenience to me, if I move to another county in Tennessee, I request my membership be automatically transferred to that county Farm Bureau subject to its approval process. I understand and acknowledge that any membership application provided to Farm Bureau Health Plans will be sent to the Tennessee Farm Bureau.