

Arizona Farm Bureau Membership Application 325 S Higley Rd Ste 210 • Gilbert • Arizona • 85296

(480) 635-3605

New O Renewal O

Please print and mail in.				
Full Name:	DOB:			
Spouse Name:	DOB:			
Business Name:				
Address:		_		
City:	State: Arizona	Zip Code:		
E-mail:	Phone			
Spouse Email:	County:			
I hereby apply for membership in the County Farm Bureau, the Arizona Farm Bureau and the American Farm Bureau Federations. I understand that payment of dues makes me eligible for all Farm Bureau services. Some services are dependent on normal insurance underwriting standards. This privilege continues from year-to-year upon payment of my annual membership dues. Membership dues are non-refundable and non-transferable.				
Select One: Maricopa and Yuma All other counties All Counties				
Mariaana and Vuma			All C	ounting
Maricopa and Yuma Counties Only	All other counties		All C	ounties
Counties Only Regular (Ag/Ag related)	All other counties Regular (Ag/Ag rel	ated)	Associ	ate (Non-Ag)
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Note: For federal income tax purposes, membership dues are not deductible as charitable contributions.

Office Use Only Membership Number