

## Niagara County Farm Bureau New Member Application

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:		
	be of Business:	
	ontributions for federal income tax purposes. However, they may be tax deductible nal Revenue Code. Membership dues are not refundable.	under
First Year Member Dues:		
\$110- Adult/ Family Membersh	p 🗌 \$20- Student Membership (16-21 years old)	
Method of Payment: Check Bill	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