

To take advantage of all of our Member Benefits even sooner, follow these simple steps:

- ➔ Print the following Missouri Farm Bureau Application
- ➔ Fill in all pertinent information and sign application
- ➔ Bring application and \$30 to your County Farm Bureau Office,
or

Mail completed application and your \$30 check or money order to the following address:

Missouri Farm Bureau Federation – Membership
PO Box 658, Jefferson City, MO 65102-9978

MFB Membership Application

Yes, I want to become a member of Missouri Farm Bureau. Enclosed is my check for \$30 for annual membership dues.

Name _____ Date of Birth* _____

Spouse _____ Date of Birth* _____

Address _____

City _____

County _____ State _____ Zip _____

E-Mail _____

Home Phone _____

**Please provide this information for the accidental death and dismemberment coverage.
Dependent children (under age 21) qualify as well. Please list their names and dates of
birth below. If more than 3 dependent children, include on separate sheet of paper:*

Dependent #1 _____
Date of Birth _____

Dependent #2 _____
Date of Birth _____

Dependent #3 _____
Date of Birth _____

**Accidental death & dismemberment coverage is subject to policy provisions and limitations.*

MY AGRICULTURAL INTERESTS ARE:

- | | |
|--|--|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Sheep/Goats | <input type="checkbox"/> Horticulture
Crops |
| <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Equine |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Forage Crops | <input type="checkbox"/> Soybeans |
| <input type="checkbox"/> Rice | <input type="checkbox"/> Cotton |
| <input type="checkbox"/> Swine | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Canine |
| <input type="checkbox"/> Exotic
Animals | <input type="checkbox"/> Grain
Sorghum |

Other _____