

Washington Farm Bureau Membership Application

Please complete this application to join the Washington Farm Bureau. Type or print clearly in black or blue ink. A check must be submitted with this form. To pay by credit card, scan the QR code.

online application

SELECT MEMBERSHIP:

Applicant's Signature

| AGRICULTURAL MEMBER This membership allows your voice to be heard regarding issues that affect agriculture and your livelihood. This is for producers that make an agricultural income of \$2,500 or more per year. | BUSINESS MEMBER Any licensed business in Washington State can be a member! We understand how business and agriculture go hand in hand and how important this work is for our local economy. "FRIEND OF THE FARMER" ASSOCIATE MEMBER For \$20 per year, you can send a message that farmers and ranchers are appreciated, help fund scholarships, and assist with supporting local agriculture. |
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| APPLICANT INFORMATION (Use | current place of residence) |
| First Name | Last Name |
| Business Name | |
| Referred By | |
| Address | |
| | |
| City/State | Zip Code |
| County | Phone |
| Cell Phone | Birthdate |
| Email | |
| BILLING ADDRESS (If different from a | pove) |
| Address | |
| | |
| City/State | Zip Code |
| Phone | Email |
| FAMILY INFORMATION (OPTION | NAL) To add additional family members contact 360-357-9975 |
| Spouse Name | Email |
| Child #1 Name | D.O.B. |
| Child #2 Name | D.O.B. |
| V | |

RETURN APPLICATION WITH CHECK PAYMENT TO:

WASHINGTON FARM BUREAU 975 CARPENTER RD SUITE 301 LACEY, WA 98516