



# Kentucky Women in Agriculture, Inc. Membership Form

Name: \_\_\_\_\_

Farm/Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your role in agriculture:

\_\_\_\_\_  
\_\_\_\_\_

Please list other agricultural organizations that you are involved in:

\_\_\_\_\_  
\_\_\_\_\_

**Dues:**

- |  |   |
|--|---|
| <input type="checkbox"/> Individual - \$25               | <input type="checkbox"/> Lifetime Individual - \$250                |
| <input type="checkbox"/> Institutional/Corporate - \$250 | <input type="checkbox"/> Lifetime Institutional/Corporate - \$2,500 |
| <input type="checkbox"/> Full-time Student - \$10        |   |

(Please list school, college or university name:  
\_\_\_\_\_ )

**Committees:** I am interested in serving on the following committee(s):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Membership       | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Finance & Fund<br>Development |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Scholarship   | <input type="checkbox"/> Educ. Pgm / Conference        |

**Newsletter:** I would prefer to receive my newsletter via:

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Standard Mail | <input type="checkbox"/> Email |
|--|--------------------------------|

Please check: New \_\_\_\_\_ Renewal \_\_\_\_\_ Today's Date \_\_\_\_\_

Referred by: \_\_\_\_\_

***Please mail this form and your check payable to Kentucky Women in Agriculture, Inc., to  
Kentucky Women in Agriculture, Attention: Membership, P.O. Box 4409, Lexington,  
Kentucky 40544-4409***

*If a check is returned on any payment for membership, the individual or group  
will be responsible for any charges associated with the returned check.*