



Dues are NOT deductible as charitable contributions or as farm business expenses.

Control Number _____

FARM BUREAU & FARM BUREAU HEALTH PLANS MEMBERSHIP AGREEMENT

New Change Voting District _____

Proposed Classification Member Agricultural Member

Applicant Name(s) - Please print

First Middle Last Suffix Title DOB Marital Status Gender

Business Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Country if other than USA _____

Home Phone _____ Work Phone _____ Cell Phone _____

The undersigned hereby applies for a family membership in the _____ County Farm Bureau (county), renewable annually, and through its affiliation with the Tennessee Farm Bureau (TFBF) and American Farm Bureau Federation (AFBF). The applicant acknowledges that this agreement becomes effective upon approval by the County.

The applicant believes in the future of Tennessee agriculture and supports Tennessee farm families and production agriculture. The applicant endorses the organization's mission to "develop, foster, promote, and protect programs for the general welfare, including economic, social, educational and political well-being of farm people of the great state of Tennessee", and will promote this mission by educating and cooperating with the public and private sectors charged with enacting or administering laws and policies affecting agriculture.

The applicant acknowledges that membership dues of \$30 each year are distributed as follows: County \$10.75; TFBF \$12.25; \$1 split evenly among all Tennessee county Farm Bureaus; AFBF \$5; publications \$1. Dues not paid by the due date are subject to a \$5 late fee. The applicant understands that these membership dues are subject to increase only by the house of delegates at the TFBF Annual Meeting. This agreement also includes membership in Tennessee Rural Health Improvement Association, DBA - Farm Bureau Health Plans.

The applicant hereby tenders payment of the initial \$30 annual membership fee by cash, check, or automatic withdrawal authorization.

Signature _____ Date Signed _____

Membership Transfer Authorization

As a convenience to me, if I move to another county in Tennessee, I request my membership be automatically transferred to that county Farm Bureau subject to its approval process. I understand and acknowledge that any membership application provided to Farm Bureau Health Plans will be sent to the Tennessee Farm Bureau.

**Tennessee Farm Bureau Federation
Authorization for Payment by EFT**

Membership Name: _____ **Member #:** _____

Bank Name: _____ **Account Type:** _____

Routing #: _____ **Account #:** _____

Debit Entries: As a convenience to me, I hereby authorize Tennessee Farm Bureau Federation (TFBF) to initiate debit entries to the account identified above for annual membership payments (the charge) on the membership set forth above. I acknowledge that I am signing this agreement on behalf of all family members on the membership, and signatories to the account and am authorized to do so.

Terms of Authorization: I understand and agree that this authority is to remain in full effect until TFBF and the bank identified above (Bank) have received written notification from me of its termination in such time and in such manner as to give TFBF and Bank a reasonable opportunity to act upon it. I agree that TFBF's treatment of such charge, and TFBF's rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any electronic funds transfer (EFT) for membership payment is not honored when presented to the bank on which it is drawn, whether with or without cause and whether intentionally or inadvertently, a \$5 late fee will be added to my dues. If said charge is not remedied within thirty days from the assigned date of the charge, then my membership will release. Additional fees may apply for charges not honored.

Date and Amount of Charge: I understand and agree that the charge shall be scheduled to occur on or about the same day of each year based upon the membership period dates. Variances in the charge date may occur due to weekend and holiday processing.

Cancellation and Lapse: I understand and agree that this payment plan and the membership to which it relates may be cancelled by me at any time in accordance with membership provisions. Membership may also lapse for non-payment or be cancelled by TFBF for any other reason in accordance with membership provisions.

Reinstatement: I understand and agree that if this membership lapses for non-payment, or if it is cancelled in accordance with membership provisions, if and when the membership is reinstated the date of the charge will change to the new due date set by TFBF.

Miscellaneous: I understand and agree that all changes in account information must be received by TFBF no later than five (5) business days before payment is scheduled to be made. This agreement is subject to change or cancellation by TFBF upon notification.

I hereby agree to the terms and conditions stated in this form on behalf of all members.

Bankholder's Signature: _____ **Date:** _____