



## *Membership Application*

NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Full Time Farmer \_\_\_\_\_ Part Time Farmer \_\_\_\_\_ Other \_\_\_\_\_

Type of Farming \_\_\_\_\_

*Each member should fill out one of these forms.*

Contact your advisor for current membership rate.

This membership will insure that you receive the quarterly magazine and all discounts that are allowed at this time.

State Office: GYFA,  
ABAC 34 2802 Moore Hwy, Tifton, Georgia 31793 229-386-3429