



**Long Island Farm Bureau**

# Long Island Farm Bureau Membership Application

104 Edwards Avenue, S3  
Calverton, NY 11933  
Phone: (631) 727-3777  
Fax: (631) 727-3721  
www.lifb.com

**PLEASE COMPLETE ALL INFORMATION AND SIGN APPLICATION CONSENT FORM BELOW**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

\*Home Phone: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ \*Mobile Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

*All phone numbers and emails are for Farm Bureau use only and will be kept confidential.*

**Type of Membership** (please check one)  Regular (agricultural producer/land owner)  Associate

Please complete the following information if applying for **REGULAR** membership:

Commodities: \_\_\_\_\_

Farm Acreage  Sponsored by: \_\_\_\_\_

Please complete the following information if applying for **ASSOCIATE** membership:

Business related membership (directly linked to agriculture industry) landscaper gardener other \_\_\_\_\_

Indirectly business related membership (circle one) artisan contractor retailer other \_\_\_\_\_

Friend of Agriculture

**Reason for joining LIFB (interests):** \_\_\_\_\_

Discounts & Savings programs  Farmland preservation  Educational programs & scholarships

Healthcare Insurance  Farm Family Insurance

**How would you like us to contact you?**  E-mail  Telephone  Mail

**Please list any other professional organizations you currently belong to:** \_\_\_\_\_

**How did you hear about Long Island Farm Bureau?:** \_\_\_\_\_

**MEMBERSHIP DUES:** \$80 + Contributions = \_\_\_\_\_

*Voluntary contributions will be used to supplement Long Island Farm Bureau dues to strengthen the efforts to preserve agriculture on Long Island.*

**\* I understand that by providing the fax, phone number and email address above, I hereby consent to receive faxes, telephone calls, and emails from Long Island Farm Bureau and Long Island Farm Bureau Member Services Corp.**

Member signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name of applicant and person providing consent: \_\_\_\_\_

*(THIS APPLICATION MAY NOT BE CONSIDERED UNLESS SIGNED)*

Agent: \_\_\_\_\_