

JUST ONE JUNE



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

How did you hear about us?: _____

I hereby apply for Regular* _____ Associate** _____

membership in the _____ County Farm Bureau. Dues are \$61 annually and may be mailed to 2220 N Telshor Blvd, Las Cruces, NM 88011 or will be billed upon receipt of completed application.

Applicant's Signature

*Retired or active agricultural producer & agri-businesses

**Agricultural supporter



NEW MEXICO
FARM & LIVESTOCK BUREAU