

# MEMBERSHIP FORM

RETURN TO MFU: BOX 2447 • GREAT FALLS, MT 59403



Print Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

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

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

## DEPENDENTS UNDER THE AGE OF 21

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

Birthdate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Receipt Number \_\_\_\_\_

Date \_\_\_\_\_

Local \_\_\_\_\_

DUES	1 Year	\$50
	3 Years	\$135

National Farmers Union Newsletter		
	1 Year	\$3

Total Payments \$ \_\_\_\_\_

- Active Farmer  
 Retired Farmer  
 Other (specify) \_\_\_\_\_

\_\_\_\_\_