



Membership Application Form

*Denotes required information

PLEASE PRINT LEGIBLY

*Member Name(s): _____

*Farm/Business/Organization Name(s): _____

*Address: _____

*County: _____ *Phone: _____

*Email: _____

*Please tell us more about your farm, what you raise, your farm/ag/rural interests, etc.:

Membership includes occasional emails and a subscription to the Kansas Kontakt quarterly magazine. Voting members may also serve as elected delegates for their county/local chapter at KFU's Annual State Convention.

Farmers Union Insurance Policyholder Membership Options

Please select one of the following:

***Farm Membership: full-voting member**

One year - \$45.00 cash/check _____	One year - \$45.00 auto bank draft _____
Two years - \$80.00 cash/check _____	Two years - \$80.00 auto bank draft _____
Five years - \$200.00 cash/check _____	Five years - \$200.00 auto bank draft _____

***Insurance Agent Name:** _____

***Associate Membership: non-voting member**

One year - \$45.00 cash/check _____	One year - \$45.00 auto bank draft _____
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***Business/Organization Membership: non-voting member**

One year - \$100.00 cash/check _____	One year - \$100.00 auto bank draft _____
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ACH DEBIT AUTHORIZATION

I (we) hereby authorize KANSAS FARMERS UNION, hereinafter called COMPANY, to initiate debit entries once a year to my (our) account indicated below and the financial institution named below, hereinafter called, FINANCIAL INSTITUTION, to debit the same to such account for (application). I (we) acknowledge that the origination of ACH transactions to (our) account must comply with the provisions of U.S. law.

***Financial Institution Name:** _____

***Financial Institution Address:** _____

***Routing Number:** _____ ***Account Number:** _____

***Type of Account: Checking** ____ **Savings** ____

This authority is to remain in full force and effect until Kanss Farmers Union has notification from me (or either of us) of its termination within 30 days (written or verbal) as to afford Kansas Farmers Union and The Financial Institution a reasonable opportunity to act on it. Kansas Farmers Union reserves the right to terminate this agreement if deemed necessary.

***Print Individual Name:** _____

***Signature:** _____

***Date:** _____

IF CHOOSING PAYMENT BY CHECK/BANK DRAFT, PLEASE INCLUDE VOIDED CHECK WITH THIS FORM.

Please return this application form with payment/payment information to:

Kansas Farmers Union
P.O. Box 1064
McPherson, KS 67460