



Membership Application

**PLEASE PRINT**

All memberships are valid from January 1 to December 31 of current year.

This application is for the year 20\_\_\_\_

Check one:

\_\_\_ **Individual membership - \$25**    \_\_\_ **Family membership - \$35**

Individual or Family Contact Name: \_\_\_\_\_

Additional adults (family): \_\_\_\_\_

Youth under 17 yrs Names: \_\_\_\_\_

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

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

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

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

eMail: \_\_\_\_\_

AMHA member: \_\_\_ Yes \_\_\_ No

Once received, your name will be listed on the website as a current member. If you do not see your name listed, your membership has not been received for the current year and you are not yet eligible to accumulate points toward FMHA High Point Awards.

*Checks payable to FMHA and mail with completed form to:*

Allison Lockhart, Treasurer  
325 Gilley Mill Rd.  
Webb, AL 36376