



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:

Jeanette Singleton, FMHA Treasurer
4208 W. Corona St.
Tampa, FL 33629