



## MEMBERSHIP APPLICATION

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 years old: \_\_\_\_\_

Farm name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Texts? \_\_\_ Yes \_\_\_ No

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

Are you an AMHA member? \_\_\_ Yes \_\_\_ No

When your application is received, you will be eligible to accumulate points toward FMHA High Point Awards.

Make checks payable to FMHA and mail with completed form to:  
Jeanette Singleton, FMHA Treasurer  
4208 W. Corona St.  
Tampa, FL 33629