



# Membership Application

Please complete the following information (as applicable to you) and return this completed form with payment to: **AFGC, PO Box 867, Berea, KY 40403**. If you have questions, please call 800.944.AFGC, fax 859.623.8694, or e-mail [info@afgc.org](mailto:info@afgc.org). Please visit [www.afgc.org](http://www.afgc.org) for details on **Type of Membership** and **Membership Classification** (see below).

Name (Mr./Ms./Mrs.): \_\_\_\_\_

Professional Certification (e.g., CGP): \_\_\_\_\_

Company Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country (other than U.S.A.): \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

## Type of Membership

- Sustaining (\$100 or more/year for \$1,000 total) - Choose one: \_\_\_Farm Sign \_\_\_Lapel Pin
- Individual (\$30 per year)
- Student (\$5 per year)
- Affiliate Council (\$10/member – provide list/data with application) \_\_\_\_\_ No. of Members  
*Corporate (please select your level of membership below)*
  - Contributor (\$250)
  - Patron (\$500)
  - Allied (\$750) (Complete Page 2 for Additional Member Information)
  - Cornerstone (\$1,000) (Complete Page 2 for Additional Member Information)
  - Pillar (\$2,500) (Complete Page 2 and 3 for Additional Member Information)

**Membership Classification (choose only one):**      Industry     Public     Producer

## Payment Information (checks payable to AFGC)

Check     Credit Card (circle):    AMEX    MC    VISA Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**For office use only**  
 Accepted on: \_\_\_\_\_ By: \_\_\_\_\_  
 Payment Received \_\_\_ Yes \_\_\_ No  
 Payment Type \_\_\_ Check \_\_\_ Credit Card

*I acknowledge that the information I provide on this application may be used by AFGC for publishing an online and/or printed directory, e-mail or fax communications to and from the membership.*

**For Allied, Cornerstone and Pillar Corporate Members Only**

AFGC Allied, Cornerstone and Pillar Corporate Members can list additional representatives to receive member benefits. **Allied** can list **ONE** additional representative; **Cornerstone** can list **FOUR** additional representatives; and **Pillar** can list **NINE** additional representatives.

1. Name (Mr./Ms./Mrs.): \_\_\_\_\_

Title: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

E-mail: \_\_\_\_\_

2. Name (Mr./Ms./Mrs.): \_\_\_\_\_

Title: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

E-mail: \_\_\_\_\_

3. Name (Mr./Ms./Mrs.): \_\_\_\_\_

Title: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

E-mail: \_\_\_\_\_

4. Name (Mr./Ms./Mrs.): \_\_\_\_\_

Title: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

E-mail: \_\_\_\_\_

5. Name (Mr./Ms./Mrs.): \_\_\_\_\_

Title: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**For Allied, Cornerstone and Pillar Corporate Members Only**

6. Name (Mr./Ms./Mrs.): \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

7. Name (Mr./Ms./Mrs.): \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

8. Name (Mr./Ms./Mrs.): \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

9. Name (Mr./Ms./Mrs.): \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_