



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. Please visit 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: _____