



Kentucky Women in Agriculture, Inc. Membership Form

Name: _____

Farm/Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Fax: _____ Email: _____

Your role in agriculture:

Please list other agricultural organizations that you are involved in:

Dues:

Individual - \$25

Institutional/Corporate - \$250

Full-time Student - \$10

(Please list school, college or university name:
_____)

Lifetime Individual - \$250

Lifetime Institutional/Corporate - \$2,500

Committees: I am interested in serving on the following committee(s):

Membership

Public Policy

Finance & Fund
Development

Public Relations

Scholarship

Educ. Pgm / Conference

Newsletter: I would prefer to receive my newsletter via:

Standard Mail

Email

Please check: New _____ Renewal _____ Today's Date _____

Referred by: _____

***Please mail this form and your check payable to Kentucky Women in Agriculture, Inc., to
Kentucky Women in Agriculture, Attention: Membership, P.O. Box 4409, Lexington,
Kentucky 40544-4409***

*If a check is returned on any payment for membership, the individual or group
will be responsible for any charges associated with the returned check.*