

WOMEN IN TODAY'S AGRICULTURE

MEMBERSHIP APPLICATION



PERSONAL INFORMATION

Name :

Cell Number : Home Number :

Full Address :

E-Mail :

ADDITIONAL INFORMATION

1. Do you presently farm? : Yes No

2. Do you own your farm? : Yes No

3. Are you farming with your husband or partner? : Yes No

4. Do you jointly own the land and farm? : Yes No

5. Are you producing on heirs property land? : Yes No

6. Are you interested in heirs property program? : Yes No

7. Are you interested in estate planning to protect your farm/land? : Yes No

8. If yes, are you interested in connecting with a law firm? : Yes No

9. What are your responsibilities on the farm? :

10. Other special interests? :

11. What are your personal interests in agriculture? (check all that apply)

<input type="checkbox"/> vegetable production	<input type="checkbox"/> specialty crop production	<input type="checkbox"/> poultry production
<input type="checkbox"/> fruit, nut, berry production	<input type="checkbox"/> forestry production	<input type="checkbox"/> meat production
<input type="checkbox"/> fish production	<input type="checkbox"/> egg production	<input type="checkbox"/> milk production
<input type="checkbox"/> honey production	<input type="checkbox"/> mushroom production	
<input type="checkbox"/> herb production	<input type="checkbox"/> flower production	<input type="checkbox"/> cheese product
<input type="checkbox"/> soap product	<input type="checkbox"/> candle products	
<input type="checkbox"/> gift baskets	<input type="checkbox"/> jams and jellies	<input type="checkbox"/> baked goods
<input type="checkbox"/> crafts	<input type="checkbox"/> hay	
<input type="checkbox"/> pine straw	<input type="checkbox"/> mulch	<input type="checkbox"/> fire wood
<input type="checkbox"/> manure/compost		

12. Would you be interested in travel or speaking to other women about your farming experience? : Yes No

THANK YOU FOR YOUR INFORMATION