



2016 Membership Application

PLEASE PRINT

All memberships are valid from January 1 to December 31 of current year.

Check one:

Individual membership - \$25 **Family membership - \$35**

Individual or Family Contact Name: _____

Additional adults (family): _____

Youth under 17 yrs Names: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

eMail: _____

AMHA member: Yes No

Once received, your name will be listed on the website as a current member. If you do not see your name listed, your membership has not been received for the current year and you are not yet eligible to accumulate points toward FMHA High Point Awards.

Checks payable to FMHA and mail with completed form to:

Tami Johnson, FMHA
6350 NW 135th Ave.
Morrison, FL 32668