

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Business Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
Email

We apply for membership in Lone Star Agribusiness Association as a member. By signing this application, we agree to be bound by all the provisions of the Lone Star Agribusiness Association Constitution, By-Laws, and Rules until our resignation has been accepted by the President or we have been expelled or suspended from membership.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Referred By

**Membership Fee:**

**\$250**

Charter Membership

Annual Due Dates: January 1<sup>st</sup> - December 31<sup>st</sup>

**Payment Method:**

Check: \_\_\_\_\_ Number: \_\_\_\_\_

Credit Card: Visa • MC • AMEX (please circle one)

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

**Principle Business:**

- Farms (orchard, berry, vinyard, etc.)
- Horse Farms/Ranches/Stables
- Dairy
- Ag Chem/Fertilizer
- Seed
- Other: \_\_\_\_\_

**Send your payment for dues and this application to:**

**Lone Star Agribusiness Association  
1701 River Run  
Suite 802  
Fort Worth, Texas 76107**