

Litchfield Farmers Club, INC.

Application for Membership

Date: _____

Please consider my application for membership in the Litchfield Farmers Club

Name: _____

Address: _____

Legal Residence: _____

Phone #: _____ Cell: _____

Email Address: _____

State briefly your interest in or reasons for applying for membership

Recommended by: (an Officer or Director) _____

Membership Committee Report:

Membership Committee Signatures: _____

Date of Acceptance: _____

Applicants Signature: _____