



INDEPENDENT FARMERS UNITED

LAST NAME: _____ FIRST NAME: _____

COMPANY NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

GENDER: Male Female

Please provide your race or ethnic background:

Caucasian Hispanic African American Asian Hawaiian Pacific Islander Other

Do you NOT have any of the following? (Please check off ALL that apply.)

County Water Electricity Mail Delivery Paved Roads Phone Service
 High Speed Internet

Do you farm anything currently? _____ If yes, what do you farm? _____

If no, what do you have interest in farming? _____

REFERRAL: Our organization requires at least (1) one IFU Member referral.

Please mention member's name here.

Name: _____ **Contact:** _____

Applicant Signature: _____ **Date:** _____

A \$50.00 Administrative Fee will apply upon sign up. Membership will be valid now thru December 31, 2021.

Checks may be mailed in with application and made payable to Independent Farmers United.

Mahalo for submitting your application!