



MEMBERSHIP APPLICATION

MICHIGAN CENTENNIAL FARM ASSOCIATION

___ Yes, I wish to become a Member of the Michigan Centennial Farm Association. My dues of \$20.00 per year are enclosed.

Name _____

Street _____

City _____ State ____ Zip _____

Location: County _____ Township _____

Year Certified _____

Owner When Certified if other than above:

Mail To:
Michigan Centennial Farm Association
P.O. Box 80151
Lansing, Michigan 48908