

LONE STAR

AGRIBUSINESS

Organization Name

Contact Name (First/Last)

Business Title

Address

City State Zip

Phone Fax

Email

Name of Insurance Agent

Agent Phone

Agent Email

We apply for membership to Lone Star Agribusiness Association. 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 Application 2016-17

View the eligible classification codes for the AgriComp Safety Group online at:
www.lonestaragribusinessassociation.com

If your business is directly involved in grain and/or feed processing, handling, feeding, hauling facilities, or are a broker/trader, you must apply for membership to Texas Grain & Feed Association instead at:
www.tgfa.com/membership-application

Dues to Lone Star Agribusiness Association are based upon the size of your Workers' Comp Insurance Premium

Amount of Premium(\$)	Dues Amount(\$)
<input type="checkbox"/> Less than 15,000	250
<input type="checkbox"/> 15,000 - 30,000	300
<input type="checkbox"/> 30,000 - 45,000	350
<input type="checkbox"/> 45,000 - 60,000	400
<input type="checkbox"/> More than 60,000	450

Principle business:

- Farms (orchard, berry, vineyard, etc.)
- Horse Farms/Ranches/Stables
- Dairy
- Ag Chem/Fertilizer
- Seed
- Other - please specify

Dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense.

Make check payable to Lone Star Agribusiness Association.

Send payment and completed form to:
Lone Star Agribusiness Association
1701 River Run Suite 802
Fort Worth, Tx 76107