LONE STAR AGRIBUSINESS

Organization Name			
Contact Name (First/Last)			
Business Title			
Address			
City State Zip			
Phone			
Email			
Name of Insurance Agent			
Agent Phone			
Agent Email			
I apply for membership to Lone Star Agribusiness Association. By signing this application, I agree to be bound by all the provisions of the Lone Star Agribusiness Association Constitution, By-Laws, and Rules. I understand that I will be dropped from Texas Mutual's AgriComp Safety Group if I do not pay annual dues.			
Signature of Applicant			
Referred by			

Membership Application

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.

Am	ount of Premium(\$)	Dues Amount(\$)	
	Less than 15,000	250	
	15,000 - 30,000	300	
	30,000 - 45,000	350	
	45,000 - 60,000	400	
	More than 60,000	450	
Principle business:			
	Farms (orchard, berry, vineyard, etc.)		
	Horse Farms/Ranches/Stables		
	Dairy		
	Ag Chem/Fertilizer		
	Seed		
	Other - please specif	fy	

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

The membership year runs from January to December. Dues renewal invoices are mailed out during the last quarter of the year regardless of what month you joined. Dues are not prorated.

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