



Membership Dues Application Individual (Student)

Membership Fee \$15

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

College or university attended _____

If admitted to membership, I undertake to abide by the Ohio Agricultural Council's Articles of Incorporation, Code of Regulations, and other rules of the council as contained therein or amended from time to time. I also affirm I am currently a student and will inform the Council if my status changes.

Individual (Student) Member Signature _____

Please make checks payable to: Ohio Agricultural Council
5151 Reed Road, Suite 126-C
Columbus, OH 43220
Phone: 614-794-8970 – Email: info@ohioagcouncil.org

May we print your contact information in our roster and list your name on our website as a member?

___ YES
___ NO