

NATIONAL ASSOCIATION OF FARMER ELECTED COMMITTEES  
**Membership Application/ Renewal Form**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*Would you prefer to have the newsletter sent electronically to you? Yes\_\_\_\_\_ No\_\_\_\_\_*

Are you submitting an FSA-444 to your County FSA office for automatic dues withholding?  
Yes\*\_\_\_\_\_ No\_\_\_\_\_

If yes, please remember to send your personal information to NAFEC or have your FSA office do so.

\_\_\_\_\_ Committee member...\$35

\_\_\_\_\_ FSA employee or Associate member...\$20

\_\_\_\_\_ \$3.00 per meeting (444 dues withholding only)\*

\* Please check with your staff to set up your 444

If paying by check, please make payable to **NAFEC**

Please send membership information and/or questions and comments to:

Tom Ardoin, Secretary / Treasurer  
NAFEC  
P.O. Box 400  
Pine Prairie, LA 70576  
Phone / Fax: 337-599-2783  
Mobile: 337-831-0671  
Email – [tntardoin@centurytel.net](mailto:tntardoin@centurytel.net)