

APPLICATION FOR MEMBERSHIP
KANSAS SOCIETY OF FARM MANAGERS AND RURAL APPRAISERS \$50 annual dues

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

(Indicate name and address and business affiliation as you wish for records and correspondence.)

Business Affiliation (indicate if self-employed) _____

Phone: Business _____ Home _____ Cell _____

FAX: _____ E-mail address: _____

Are you available for professional farm management service on a fee basis? Yes ___ No ___

Are you available for professional rural appraisal service on a fee basis? Yes ___ No ___

Have you been certified by the Kansas Real Estate Appraisal Board? Yes ___ No ___ License # _____

Have you been certified by the Kansas Real Estate Commission?: Yes ___ No ___ License # _____

EDUCATION

<u>Schools</u>	<u>Years</u>	<u>Year Graduated</u>
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EXPERIENCE

(List separately all positions held, beginning with present position.)

<u>Dates</u>	<u>Name and Address of Employer</u>	<u>Nature of Work</u>
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Portion of time devoted to: Farm Management _____% Rural Appraisal _____%

Number of acres now under your management _____ Acres

Annual gross business of farms under your management \$ _____

Total number of farm appraisals made _____ How many were written reports? _____

Acres of rural land appraised in last two years with written appraisal reports _____ Acres

Number of Farm Appraisals made during past two years _____

How many were written reports? _____

Value of rural properties appraised in last two years with written appraisal reports \$ _____

FOR OFFICE USE	
Date Recd	_____
Dues Paid\$	_____
Letters Sent & Lists Updated	_____

Additional information _____

If associated with a College, Experiment Station, Extension Staff, or USDA, please state the years of experience and rank held: _____

Check membership classification you would like to have (final determination will be made by the Kansas Society FMRA membership committee).

_____ Farm Manager Those persons devoting the major part of their time to the management of farms or ranches belonging to others either as professional or private managers and having adequate training and experience or have such experience for at least two years or more.

_____ Appraiser Those persons devoting the major part of their time to the appraisal of real property and having adequate training and experience or have such experience for at least two years or more.

_____ Crop Consultant Those persons devoting the major part of their time to crop consulting of farms or ranches belonging to others either as professional or private managers and having adequate training and experience or have such experience

_____ Educator Those persons devoting the major part of their time to working at the college or university level in farm management and/or rural appraisal as teachers, research, or extension workers, or administrators and supervisors in the private sector who have held such positions for two years or more.

_____ Agricultural Lender Those working in lending institutions devoting the major part of their time providing financial credit for agriculture who are interesting in supporting the objectives of the Society or have such experience for at least two years or more.

_____ Allied Field Persons who cannot meet the requirements of the other membership classifications but who are interested in supporting the objectives of the Society and are able because of their position or nature of their work in allied fields to contribute to the advancement of the Society.

REFERENCES

Give three references; one MUST be a member of this organization and one should be a client or employer.

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to conduct my business and professional activities as a credit to myself and to the Kansas Society of Farm Managers and Rural Appraisers, and to abide by the Code of Ethics adopted by members of the organization.

(Signature)

(Business Title)

FOR USE OF MEMBERSHIP COMMITTEE

Membership Classification Approved:

Farm Manager _____

Crop Consultant _____

Agricultural Lender _____

Appraiser _____

Educator _____

Allied Field _____

Approved by Chairman, Membership Committee _____ Date _____

(Signature)