



MEDICAL
MUTUAL
OF OHIO®



OHIO FARM BUREAU®

Ohio Farm Bureau New Member Application

Last Name _____ First Name _____ Middle Initial _____

Spouse Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Township _____ Phone Number (_____) _____

Agent Last Name _____ Agent First Initial _____ Agent No _____

Degree of Farming (*Circle One*): 1) Full Time 2) Part Time 3) Absentee 4) Retired 5) Non-farmer

I understand my dues include an accidental death and specific loss insurance policy, which makes me a voting policyholder of the Nationwide Mutual Insurance Company of Columbus, Ohio. I name the Ohio Farm Bureau Federation, Inc. to be my proxy in any policyholder meeting, unless notified otherwise. I understand that \$1.50 of my Farm Bureau dues pays for a subscription to *Our Ohio* and/or \$1.00 of my dues pays for a subscription to *Buckeye Farm News*. Contributions or gifts to Farm Bureau are not deductible as charitable contributions for Federal Income Tax purposes. If you have tax questions, professional advice should be sought.

Applicant Signature _____ Date _____