

**APPLICATION FOR MEMBERSHIP
KANSAS SOCIETY OF FARM MANAGERS AND RURAL APPRAISERS
\$75 Annual Dues**

Indicate name, address and business affiliation you wish for records and correspondence.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Business affiliation (note if self-employed): _____

Phone: Business: _____ Home: _____ Cell: _____

Fax: _____ Email 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:

	School: _____	Years: _____	Year Graduated: _____
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EXPERIENCE: (list separately all positions held, beginning with present position)

	Dates: _____	Name and Address of Employer: _____	Nature of Work: _____
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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: \$ _____

Additional information: _____

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

Years of Experience: _____ Rank Held: _____

Check membership classification you would like to have (final determination will be made by the Kansas Society of Farm Managers and Rural Appraisers 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 either as professional or private consultants and having adequate training and experience or have such experience for at least two years or more.
- 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 persons working in lending institutions devoting the major part of their time to providing financial credit for agriculture, who are interested in supporting the objectives of the Society and have such experience for at least two years or more.
- Allied Field Those 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.

Name:	Address:	City, State, Zip	Phone
1. _____	_____	_____	_____
	Email: _____		
2. _____	_____	_____	_____
	Email: _____		
3. _____	_____	_____	_____
	Email: _____		

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 this 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:

Signature: _____ Date: _____

FOR OFFICE USE

Date Received: _____ Dues Paid: \$ _____ Letters Sent and Lists Updated: _____

Send completed, signed form to: Ann Roehm, Secretary, KSFMRA, 2908 N Plum St Ste B, Hutchinson, KS 67502-8419
Email: annroehm@canvalue.com