

"The Caring People"

Federated Aid Relief Mission

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Please fax or mail the completed form to confirm your FARM membership

F.A.R.M. MEMBERSHIP APPLICATION FORM

Personal Details:

Last Name _____ First Name _____ Middle _____

Address _____ City/Town _____

Province/State _____ Country _____ Postal/Zip Code _____

Home Tel. _____ Cell _____ Fax _____

E-mail Address _____

Company Details

Occupation _____ Company Name _____

City/Town _____ Province/State _____ Country _____

Signed and delivered in the presence of:

Applicant Signature

Witness Signature

Dated at _____ this _____ of _____
City/Town Province/State Country # day month year