

**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. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**FOR OFFICE USE**

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

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**Send completed, signed form to:** Ray Bartholomew, Secretary, KSFMRA  
4107 S. Obee Rd.  
Hutchinson, KS 67501  
Email: raybart53@gmail.com