

September 11-13, 2006, Missouri Fly-in Participant Application Form
Applications due to the Missouri Farmers Union office by August 1st

State/Group: _____

Participant's full name: _____

Circle one: Mr., Mrs., Ms., Miss, Dr.

First name preference? _____

(For security purposes only) Date of birth: _____ **U.S. Citizen?** ____

Social Security no.: _____

Home Address(Street): _____

City: _____ **State:** _____ **Zip code:** _____

Home phone: _____ **cell phone:** _____

Email address: _____

Name of participant's congressional representative and/or district no:

Have you ever attended a Farmers Union Fly-In, if so indicate how many and years?

What is your occupation?

Are you a member of the media (non Farmers Union media staff)?

Is the participant a Farmers Union media staffer?

Describe your occupation, professional accomplishments and work history?

If you are a farmer, rancher or other food/farm producer, what is the main commodity produced?