



Monterey County Farm Bureau
APPLICATION FOR MEMBERSHIP

Associate Member \$120 / YEAR

ASSOCIATE Members are individuals and companies that support local Agriculture and may utilize insurance and other benefits.

Applicant's Name:

Membership will be listed under this name

Applying as: Individual Company (Entity)

If Company, Individual Contact Name:

Crops or Products/Services:

Primary Business Address:

City, State, Zip:

Phone: () -

Cell Phone: () -

E-mail Address:

OR Home Address:

City, State, Zip:

Phone: () -

Cell Phone: () -

E-mail Address:

If Individual, Spouse's Name:

PAYMENT: Check payable to 'Farm Bureau' Credit Card

Card #

Name as it appears on card:

Expiration Date: / CSV:

Billing Address:

City, State, Zip

Authorizing Signature:

Thank you for supporting Farm Bureau and your commitment to Monterey County Agriculture! Providing your E-mail Address adds you to our weekly E-News distribution list. Individual membership can be a joint membership with a spouse, by providing that name.

Applicant's Signature:

Date: / /

Mail application to: Monterey County Farm Bureau P.O. Box 1449, Salinas CA 93902-1449

OR Scan application to: administration@montereycfb.com

Questions? Call 831-751-3100

Website: www.montereycfb.com