



Monterey County Farm Bureau  
APPLICATION FOR MEMBERSHIP

Collegiate  
Member  
\$25 / YEAR

COLLEGIATE Members are individuals that currently attend college full-time and are between 16 & 25 years of age.

**Applicant's Name:**  
*Membership will be listed under this name* \_\_\_\_\_

**Applicants Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**College Name:** \_\_\_\_\_

**Expected Degree:** \_\_\_\_\_

**Collegiate Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Collegiate E-mail Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Home E-mail Address:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 distribution list for announcements on  
Young Farmers & Ranchers events and digital subscription to AgAlert®.

**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