



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