



**Monterey County Farm Bureau  
APPLICATION FOR MEMBERSHIP**

**Landowner  
Ag Member  
\$850 / YEAR**

LANDOWNER AGRICULTURAL Members are individuals, companies, or trusts that expect to receive annual income from land leases to agricultural operations.

**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