Farm Bureau Monterey

Monterey County Farm Bureau APPLICATION FOR MEMBERSHIP

Employer Sponsored Member $325 / YEAR

EMPLOYER SPONSORED Members are individuals employed by companies that maintain current Agricultural Membership.

Applicant's Name:
Membership will be listed under this name _____

Employer Name: _____

Employer Farm Bureau Member #: _____

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: _____

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.
Sponsored Member can be a joint membership with a spouse, by providing that name.

Applicant's Signature: _____

Date: _____/_____/_____

Mail application to: **Monterey County Farm Bureau**
1140 Abbott St., Ste. C, Salinas CA 93901-4503
OR Scan application to: **administration@montereycfb.com**

Questions? Call 831-751-3100 Website: www.montereycfb.com