



Monterey County Farm Bureau
APPLICATION FOR MEMBERSHIP

Employer
Sponsored
Member
\$250 / 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
P.O. Box 1449, Salinas CA 93902-1449

OR Scan application to: administration@montereycfb.com

Questions? Call 831-751-3100

Website: www.montereycfb.com