

APPLICATION FOR MEMBERSHIP

Please return to: **SANTA CRUZ COUNTY FARM BUREAU**

141 MONTE VISTA AVE., WATSONVILLE, CA 95076

PHONE: (831) 724-1356 FAX: (831) 724-5821 Email: sccfb@sbcglobal.net

County Farm Bureau
Santa Cruz

Dues
Voting - \$250/year
Sustaining - \$72/year
Business Support Voting - \$400/year
Business Support Sustaining - \$250/year

Current/Previous Member #

Applicant's Name (Last, First, M.I.)

- Mr.
- Mrs.
- Ms.

Spouse's Name (Last, First, M.I.)

- Mr.
- Mrs.
- Ms.

Applicant's Occupation

Spouse's Occupation

Business Name (DBA)

Type of Business

Use Business Name as primary membership name? Yes _____ No _____

Address

City

State

Zip Code

Telephone Number

Home: () _____

Business: () _____

Date of Birth (mm/dd/yy)

Applicant: ____/____/____

Spouse: ____/____/____

Do you expect to earn any income from the growing/raising of an agricultural product? Yes No
If yes, you are a **Voting Member**; if no, you are a **Sustaining Member**.
(See appropriate dues for county Farm Bureau.)
Please indicate next to the following descriptions the category that most closely fits your primary occupation field.

Place an "M" for you (Member) or an "S" for your spouse

- 01 _____ Own/lease a farm/ranch
- 02 _____ Own/manage an ag-related business
- 03 _____ Employee of farm/ranch/ag-related business
- 04 _____ Retired from farm/ranch/ag-related business
- 05 _____ Not involved in agriculture
- 26 _____ Retired, not involved in agriculture

If you checked box **01**, would you please let us know the commodity(ies) you grow/raise:

- 1. _____ 3. _____
- 2. _____ 4. _____

Credit Card Payment for Farm Bureau Dues

For this annual Farm Bureau Membership dues only, please charge my credit card.

Credit Card: VISA MasterCard

Card No. _____

V-Code _____

(Last 3 numbers located on the backside of your card in the signature panel.)

Expiration Date: _____

Cardholder's Name (As it appears on the credit card.) _____

PRINT NAME _____ DATE _____

Authorized Signature (as it appears on the credit card) _____

Signature _____ DATE _____

Cardholder's Billing Address _____

Address _____

City _____ State _____ Zip _____

Applicant's Signature

Date

Please make your check payable to: Farm Bureau

If accepted by the County Farm Bureau above, your annual membership will begin on the first day of the month that your application was signed. Dues payments include a one-year subscription to either Ag Alert (\$2) or California Country (\$1) as well as the County Farm Bureau publication where applicable. Contributions or gifts to Farm Bureau are not deductible as charitable contributions for income tax purposes. However, Farm Bureau dues may be tax deductible as an ordinary and necessary business expense. Please consult your tax advisor.

Approval

Center Code

Recruiter/Agent Name (Please Print)

- Voting
- Sustaining