

# Santa Cruz County Farm Bureau

141 Monte Vista Avenue  
 Watsonville, CA 95076  
 Phone (831) 724-1356  
 Fax (831) 724-5821  
[sccfb@sbcglobal.net](mailto:sccfb@sbcglobal.net)



**Bill To:**

First Name Last Name \_\_\_\_\_  
 Company/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Membership Type:** Agricultural  
**Membership #:** \_\_\_\_\_  
**Commodities:** \_\_\_\_\_

**Reminder:** Please include the statement number on your check.

**Terms:** Balance due in 30 days.

Agricultural Membership Levels (select one)	Annual Dues	Payment
President's Circle Ag Member	\$10,000	_____
Sustaining Ag Member	\$5,000	_____
Benefactor Ag Member	\$2,500	_____
Contributing Ag Member	\$1,500	_____
Supporting Ag Member	\$1,000	_____
Business Support Ag Member	\$500	_____
Individual Ag Member	\$400	_____
Collegiate Member (for college students only)	\$25	_____

Voluntary Contributions*	Annual Dues	Payment
Agri-Culture	\$20	_____
Fund to Help Local Family Farmers	\$30	_____
Other Contribution _____		_____

\*Contributions or gifts to the Santa Cruz County Farm Bureau are not deductible as charitable contributions for income tax

**TOTAL PAYMENT** \$ \_\_\_\_\_

PAYMENT INFORMATION	
CREDIT CARD	CHECK
I authorize Santa Cruz County Farm Bureau to charge my: VISA _____ MasterCard _____	Make your check payable to Farm Bureau . Indicate your membership # on your check
Card Number: _____	Check #: _____
Expiration Date: _____	Date Written: _____
3-Digit CVC Number (back of card): _____	Amount Due: _____
AMOUNT TO CHARGE: _____	AMOUNT ENCLOSED: _____