

# 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: \_\_\_\_\_ Associate  
Membership #: \_\_\_\_\_  
Cart #: \_\_\_\_\_  
Commodities: \_\_\_\_\_  
Due Date: \_\_\_\_\_

**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 Associate Member         | \$10,000    | _____   |
| Benefactor Associate Member                 | \$5,000     | _____   |
| Contributing Associate Member]              | \$2,500     | _____   |
| Supporting Associate Member                 | \$1,000     | _____   |
| Business Support Associate Member           | \$500       | _____   |
| Individual Associate Member                 | \$275       | _____   |

| Voluntary Contributions*   | Annual Dues | Payment |
|--|-------------|---------|
| Agri-Culture   | \$20        | _____   |
| Fund to Help Local Family Farmers  | \$30        | _____   |
| Contribution _____   |             | _____   |
| *Contributions or gifts to the Santa Cruz County 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. Contributions to Agri-Culture are tax-deductible. |             |         |

|                      |  |          |
|----------------------|--|----------|
| <b>TOTAL PAYMENT</b> |  | \$ _____ |
|----------------------|--|----------|

| PAYMENT INFORMATION  |  |
|--|--|
| CREDIT CARD  | CHECK  |
| I authorize Santa Cruz County Farm Bureau to charge my:<br>VISA _____ MasterCard _____ | Make your check payable to Farm Bureau .<br>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: \$ _____  |