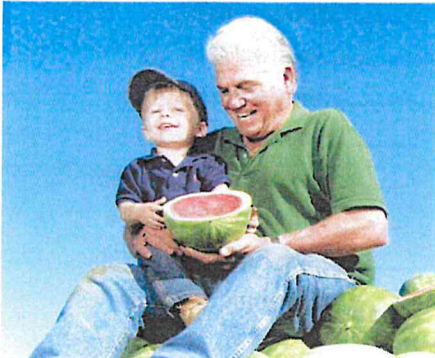




# Farm Bureau® Membership Application

Farm Bureau works to promote, protect and enhance California's farming way of life. Join California's family farmers, ranchers, nursery growers, foresters, dairy farmers, beekeepers and many others! We are more than 48,000 members strong.



## Farmer or Rancher?

Become an **Agricultural Member!** Join the state's largest organization of farmers and ranchers in protecting family farms. Receive weekly issues of AgAlert® and have access to great discounts on auto, farm and workers' compensation insurance through Nationwide®, substantial savings on Grainger products, plus a host of travel and entertainment discounts exclusive to Farm Bureau members.

## Not a farmer? Not a problem!

Join as an **Associate Member** and support California family farms. Get access to dozens of discounts and benefits including the bimonthly California Bountiful® magazine.

## In College?

Join as a **Collegiate Member** and get access to AgAlert® online plus networking opportunities for scholarships, internship contacts, local and state events and the Young Farmers & Ranchers program. Ages 16 to 24, one person per membership. **Only \$25 annually.**

### JOIN NOW

Choose One:  Individual  Business

Join Date: \_\_\_\_\_

Member:  Mr  Mrs  Ms

Name (First, MI, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse:  Mr  Mrs  Ms

Name (First, MI, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Member's e-mail \_\_\_\_\_

Spouse e-mail \_\_\_\_\_

phone \_\_\_\_\_

cell  work  other

Business Membership (requires the name of a Primary Contact person)

Business Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Membership Type:  Agricultural  Associate  Collegiate

Membership Grade (if applicable) \_\_\_\_\_

Dues: \$ 200.00

Please see reverse

FARM PAC®: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

County: Glenn

### PAYMENT INFORMATION

Check Number: \_\_\_\_\_  Visa®  MasterCard®  American Express® \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Send to: CA Farm Bureau, 2600 River Plaza Dr. Suite 230, Sacramento, CA 95833 or join at [www.joinfb.com](http://www.joinfb.com). For more information call 1-800-698-3276.