LOS ANGELES COUNTY FARM BUREAU

APPLICATION FOR MEMBERSHIP

Membership Number: *(New Members To Be Assigned)*	**County Farm Bureau:** *Los Angeles County*	**Date of Birth** (Month – Day)	**Total Amount Enclosed: $**
Applicant's Name:			**Spouse's Name**
Mailing or Business Address:	**City**	**ST**	**Zip**
Home Address:	**City**	**ST**	**Zip**
Post Office Box	**City**	**ST**	**Zip**

Membership Types & Dues Amount:		**Send Mail To:**	**Phone Numbers:**
Individual (Sustaining)	☐ $72.00	Mailing/Business ☐	Business Phone ( ) -
Voting	☐ $90.00		Business Fax ( ) -
Business	☐ $150.00	Home ☐	Home Phone ( ) -
^(Voluntary Donation)		PO Box ☐	Work Phone ( ) -
*Protect Farm Family Fund	☐ $25.00		Email _____

List your major commodities:

Occupation: **Ag-Related Business** *(Please Specify)*:

Non-Ag Business *(Please Specify)*:

Issues of Interest:						
Taxes	☐	Ag Education	☐	Young Farmers & Ranchers	☐	Other:
Water	☐	Environment	☐	Land Use	☐	_____
Energy/Public Utilities	☐	Labor	☐	Commodity Issues	☐	_____
		State Legislation	☐			

_____ **Signature** _____ **Date**

Contributions or gifts to Farm Bureau are not tax deductible as charitable contributions for federal income tax purposes. Farm Bureau dues may be deductible by members as an ordinary and necessary business expense. 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.

Return this application to:

Los Angeles County Farm Bureau, 41228 12th Street West, Suite A, Palmdale, CA 93551-1400
Phone Number (661) 274-9709 Fax (661) 274-0637. Checkout our website: www.lacfb.com.

☐ Check (Please make checks payable to Los Angeles County Farm Bureau) Check #_____

☐ Visa ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐ _____
Card Number Expiration Date Signature

☐ MC ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐ _____
Card Number Expiration Date Signature

_____ Name (As It Appears On the Card)

_____ Card Holders Address on Card

_____ City _____ State (_____)_____-_____ Phone Number