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:

Individual (Sustaining)	☐ **$72.00**
Voting	☐ **$90.00**
Business	☐ **$150.00**
***(Voluntary Donation)**	
*Protect Farm Family Fund	☐ **$25.00**

Send Mail To:

Mailing/Business ☐

Home ☐

PO Box ☐

Phone Numbers:

Business Phone ( ) -

Business Fax ( ) -

Home Phone ( ) -

Work Phone ( ) -

Email _____

To Receive important farming information, we need your 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