

Applicant Information:

Date: _____

Membership Type (Select one):

Collegiate \$25

<u>Primary Member Name:</u>		<u>Birth date (MM/DD/YY):</u>	
<u>Spouse or Alternate Member Name*:</u>		<u>Birth date (MM/DD/YY):</u>	
<u>Address:</u>		<u>City:</u>	<u>State:</u> <u>Zip:</u>
<u>Email Address:</u>			
<u>Primary Phone (circle one: Home, Cell, Work):</u>		<u>Secondary Phone (circle one: Home, Cell, Work):</u>	
<u>Primary Member Occupation:</u>		<u>Primary Member Company of Employment:</u>	
<u>Membership type (Select one):</u> <input type="checkbox"/> Individual <input type="checkbox"/> Business	<u>Occupation type (Select one):</u> <input type="checkbox"/> Own/lease a farm/ranch (Ag) <input type="checkbox"/> Retired from farm/ranch/ag-related business (Ag or Assoc) <input type="checkbox"/> Own/manage an ag-related business (Ag) <input type="checkbox"/> Not involved in agriculture (Assoc) <input type="checkbox"/> Employee of farm/ranch/ag-related business (Ag) <input type="checkbox"/> Retired, not involved in agriculture (Assoc) <u>Commodity type:</u> _____		

Payment Information: (Make checks payable to Kern County Farm Bureau, Inc., 801 S. Mt. Vernon Avenue, Bakersfield, CA 93307 or pay by credit card)

<u>Payment Method (Select one):</u> <input type="checkbox"/> Check <input type="checkbox"/> Visa® <input type="checkbox"/> MasterCard® <input type="checkbox"/> American Express	<u>Expiration Date (MM/YY):</u> _____/____	<u>Membership Number (Office use only):</u>
<u>Name on card:</u>	<u>Card Number:</u>	<u>CVV:</u>
<u>Billing Address:</u>		<u>City:</u> <u>State:</u> <u>Zip:</u>

*A Spouse or an alternate member is someone you designate to receive your KCFB benefits (optional).

Please return to the KCFB office at 801 S. Mt. Vernon Ave. Bakersfield, CA 93307,
fax at 661-397-3403 or by email at kcfb@kerncfb.com.
Member applications are subject to KCFB Board of Directors approval.