Humboldt County Farm Bureau Membership Application

| Name | Spouse | |
|-----------------------|--|---------------------|
| Address | City | STZip |
| Business / Ranch Name | | |
| Email | | Date of Birth |
| Telephone# | Cell # | |
| Payment Inf | ormation Dues: \$150 per | year |
| Check Enclosed (Mac | de out to HCFB) | |
| Check Enclosed (Mac | de out to HCFB) Ex/ er nvoice to my address above. cher, please indicate the com | modities you raise. |

Please Return to:

Humboldt County Farm Bureau 5601 South Broadway, Eureka, CA 95503 (707) 443-4844