



MCHCC Office Use Only
Date Received:
Date Paid:
Website:
Email:
NOTES:

Membership Application: Farmers' Insurance Referrals

For faster processing, we recommend submitting the application by email at referrals@mercedhcc.com

**All information requested in BOLD must be filled out completely on the application.
Please PRINT legibly or it might cause delays in processing the application.**

Name of Applicant _____

Street Address _____

City _____ State _____ Zip Code _____

Name of Farmers Agent : _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ Other (____) _____

E-Mail _____

Membership Rates

<input type="checkbox"/> Farmers Referral (One client)	\$ 50.00
<input type="checkbox"/> Individual & Home based first 2yrs only	\$ 75.00
<input type="checkbox"/> Company (1-9 Employees)	\$ 150.00
<input type="checkbox"/> Company (10-19 Employees)	\$ 275.00
<input type="checkbox"/> Company (20-49 Employees)	\$ 500.00
<input type="checkbox"/> Corporate (50 + Employees) Call office for Rates	Brass-Gold

* Individual is recognized as an individual only, not a business or a couple.

Application Guidelines

Guidelines:

1. Farmers Agents do not need to become MCHCC members to submit MCHCC membership applications on behalf of their clients.
2. **Farmers Referrals will be \$50.00 per client.**
3. Chamber communications are to be sent to Agent, not to the client.
4. Client and Agent both will need to reside in California.
5. Clients will be listed under Farmers Insurance Individual Memberships on our website at www.mercedhcc.com.
6. Agents will NOT be listed on mercedhcc.com, unless they wish to become members (membership fees will apply).
7. Refund Requests need to be submitted to the Chamber office within 30 days of payment date. **Refunds will be issued only if the client does not become a FIGFCU member.**
8. Applications are processed within 2 business days of date received by MCHCC. For faster processing, we recommend submitting the application by email to [**referrals@mercedhcc.com**](mailto:referrals@mercedhcc.com)

Applicant's Signature

Date

NOTE: Use of Chamber logo/name for commercial purpose - A member may not use the Merced County Hispanic Chamber of Commerce Logo, or the Chamber's name, for any commercial purpose without Chamber Board of Directors approval.

If paying by credit card, please fill out the authorization form below.

Merced County Hispanic Chamber Credit Card Authorization Form

I, _____, authorize the Merced County Hispanic Chamber of Commerce to charge my credit card for membership payment.

****ONLY Visa or MasterCard is Accepted****

For services rendered. Not to exceed the amount shown.

CREDIT CARD # _____

EXPIRATION DATE _____

CARD CV2# _____

TOTAL AMOUNT \$ _____

NAME ON CARD _____ (As it appears on card)

BILLING ADDRESS _____

CITY _____

ZIP CODE _____

SIGNATURE

DATE

EMAIL, FAX OR MAIL TO:

Merced County Hispanic Chamber of Commerce
P.O. Box 2246
Merced, CA 95344
(209) 384-9537 Office
(209) 384-0934 Fax
referrals@mercedhcc.com

Yes, I would like my receipt sent via email to the address provided below.

Agent and/or Client Email:

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:
