

Example – How to fill out the application.



MCHCC Office Use Only

Date Received:

Date Paid:

Website:

Email:

NOTES:

Membership Application: Farmers' Insurance Referrals

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 **FIRST AND LAST NAME OF CLIENT TO BE DISPLAYED ON WEBSITE**

Address: **THE CLIENT'S ADDRESS** Phone: **THE CLIENT'S PHONE NUMBER**

Farmers Agent **FIRST AND LAST NAME OF AGENT SUBMITTING THE APPLICATION**

Agent's Contact Information:

Street Address **AGENT'S ADDRESS**

Mailing Address **AGENT'S MAILING ADDRESS**

City _____ State _____ Zip Code _____

Phone (____) **AGENT'S NUMBER** Fax (____) **AGENT'S FAX NUMBER** Other (____)

E-Mail(s) **AGENT'S EMAIL**

Membership Rates

<input checked="" type="checkbox"/> Individual * (Farmers' Clients)	\$ 50.00
<input type="checkbox"/> Company (1-5 Employees)	\$ 100.00
<input type="checkbox"/> Company (6-9 Employees)	\$ 150.00
<input type="checkbox"/> Company (10-19 Employees)	\$ 175.00
<input type="checkbox"/> Company (20-49 Employees)	\$ 250.00
<input type="checkbox"/> Company (50 or more Employees)	\$ 500.00

* 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 Agent client referrals will be \$50.00 as an **Individual Member**.
3. Chamber communications are to be sent to Sponsor, not to client.
4. Client and Sponsor both will need to reside in California.
5. Clients will be listed under Farmers Insurance Individual Memberships on www.mercedhcc.com.
6. Sponsors will NOT be listed on mercedhcc.com, unless they wish to become members (member fee will apply).
7. Requests for refunds for reason of not becoming a FIGFCU Member need to be submitted to the Chamber office within **30 days** of application date.
8. Applications are processed within 2 business days of date received by MCHCC. For faster processing, we recommend submitting the application by email.

THE CLIENT'S SIGNATURE
Applicant's Signature

DATE CLIENT SIGNED
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, **NAME OF CARD HOLDER WHO IS PAYING**, 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 # **VISA OR MC NUMBERS ONLY**

EXPIRATION DATE **TWO DIGIT MONTH & TWO DIGIT YEAR**

CARD CV2# **THREE DIGITS FOUND ON THE BACK OF THE CARD**

TOTAL AMOUNT **\$50.00 PER CLIENT**

NAME ON CARD **NAME OF CARD HOLDER** *(AS IT APPEARS ON CARD)*

BILLING ADDRESS **CARDHOLDER'S ADDRESS**

CITY **CARDHOLDER'S CITY**

ZIP CODE **CARDHOLDER'S ZIP CODE**

CARDHOLDER'S SIGNATURE

DATE SIGNED

SIGNATURE

DATE

EMAIL, FAX OR MAIL TO:

Merced County Hispanic Chamber of Commerce
800 W 20th St, Suite D
Merced, CA 95340
(209) 384-9537 office
(209) 384-0934 fax
info@mercedhcc.com



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

Email:

FARMERS AGENT EMAIL AND/OR CLIENTS EMAIL; BOTH ARE OK FOR RECEIPT TO BE EMAILED

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:
