



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 _____

Address: _____ Phone: _____

Farmers Agent _____
Agent's Contact Information:

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

E-Mail(s) _____

Membership Rates

<input type="checkbox"/> Individual *	\$ 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.

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
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:

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

