



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](mailto: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"/> <b>Farmers Referral (One client) (Agent payment)</b>  | <b>\$ 35.00</b> |
| <input type="checkbox"/> <b>Farmers Referral (One client) (Client payment)</b> | <b>\$ 50.00</b> |

\* **Individual** is recognized as an **individual** only, not a **business** or a **couple**. The \$35.00 rate is **ONLY** valid if the Farmers Agent or Agency is using their own form of payment to pay for their client membership. If the client is paying for their Membership the cost will remain \$50.00. MCHCC reserves the right to change/update/deny the discount at any time. Updated application **must** be used to obtain above mentioned rates, **NO EXCEPTIONS**.

## 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 \$35.00 per client if Agent is paying for the membership.**
3. **Farmers Referrals will be \$50.00 per client if Client is paying for the membership.**
4. Chamber communications are to be sent to Agent, not to the client.
5. Client and Agent both will need to reside in California.
6. Clients will be listed under Farmers Insurance Individual Memberships on our website at [www.mercedhcc.com](http://www.mercedhcc.com).
7. Agents will NOT be listed on [mercedhcc.com](http://mercedhcc.com), unless they wish to become members (membership fees will apply).
8. 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.**
9. There will be \$25 non-refundable fee for returned checks.
10. 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)
11. MCHCC reserves the right to update the guidelines. Please see our website for the most recent application at [www.mercedhcc.com](http://www.mercedhcc.com).

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**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](mailto: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:**

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