



Entry Application

Name of Farm or Individual: _____ Date: _____

Principal Farm Owner: _____

Property Owner (if different) _____

Mailing Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Farm Bureau Membership Number: _____ Name on Membership: _____

Phone Number: _____

Email: _____

Farm location: _____

Crops Produced: _____

ENROLLMENT FEES : \$300 per acre capped at \$1500

STATE FEES (choose one) imposed by the State of California

- \$50 for applications after August 31 2017 deadline.
- \$200 if you have received **Directive to Obtain Regulatory Coverage for Irrigated Lands**

Number of agricultural acres _____ X \$300 = \$ _____ (Maximum \$1,500)

Late fee \$ _____

Total Due \$ _____

Make your check payable to
San Diego Region Irrigated Lands Group

Return to:
San Diego Region Irrigated Lands Group
420 S. Broadway, Suite 200
Escondido, CA 92025

- Visa
- Master Card
- Discover
- AMEX

For more information:
Telephone: 760-745-3023
Email: info@sdirrigatedlandsgroup.org
www.sdfarmbureau.org

- Charge my Credit Card

Expiration: ____ \ ____ CRV _____

Name on card: _____ Billing zip code: _____

Number:

Card Holder Signature: _____