

San Diego Region Irrigated Lands Group

Administered by the San Diego County Farm Bureau



Enrollment Application

Name of Farm or Individual: _____ Date: _____

Principal Farm Owner: _____

Property Owner (if different): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Farm Bureau Member #: _____ Name on Membership: _____

Phone Number: _____ Email: _____

Grove Manager: _____ Grove Manager Email: _____

Farm Location: _____ Crops Grown: _____

ENROLLMENT FEES:

Acresage Enrollment Fee: Number of irrigated agricultural acres (must be whole number) _____

1: \$325 2: \$650 3: \$975 4: \$1300 5: \$1600 >5-10: \$1700 >10-25: \$1800 >25: \$1900

Enrollment Fee : \$ _____

State Application Fee: (choose one) collected on behalf of the State of California

\$50 OR \$200 if you have received a Directive to Obtain Regulatory Coverage for Irrigated Lands

State Fee : \$ _____

TOTAL DUE (SDRILG Enrollment + State Fees) \$ _____

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

For more information:

Telephone: 760-745-2215

Email: info@sdirrigatedlandsgroup.org

www.sdirrigatedlandsgroup.org

Charge my Credit Card

Visa Master Card Discover AMEX

Expiration: ____ \ ____ CVV ____

Name On Card: _____

Billing Zip: _____

Card Number:

Cardholder Signature: _____