

Crawford County Fair Association Annual Membership Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Can we send you meeting notices by email? Yes No

Date Accepted: _____ Payment Received: _____

Check No: _____ Cash: _____

Please check the correct membership type:

- Junior (under 18, or still in high school) \$15
- Individual (one vote per person) \$40
- Family (one vote per family) \$65
- 4-H/FFA (one vote per Club/Chapter) \$50
- Non-profit Organizations (one vote per entity) \$100
- Corporate / Business \$300

If this is a Family, Club, Non-profit, Organization, Corporate or Business membership, you must identify the person who will vote on behalf of the member at all membership meetings. The person you designate will possess the voting right until revoked or amended by the member. Please provide the full name of the person who will vote on behalf of this member:

Name of Designee: _____