

ST. CLAIR COUNTY AGRICULTURAL SOCIETY

MEMBERSHIP FORM

**Please Print**

Name \_\_\_\_\_

Address \_\_\_\_\_

(Complete address must be provided.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

At the time when the individual purchases a weekly pass to the Fair he/she must complete the membership form.

For Office Use

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\_\_\_\_\_ Membership Paid Date: \_\_\_\_\_ Tokens/Receipt # \_\_\_\_\_