

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

_____ Membership Paid Date: _____ Tokens/Receipt # _____