

Franklin County Agricultural Society

MEMBERSHIP APPLICATION

Application Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

Town: _____ Zip Code: _____

Home Phone: _____ Work: _____

E-mail address: _____



Please tell us about yourself. Why do you want to be a member?

Please list areas of interest, such as – volunteering during non-fair events and Fair time (in one of the halls, information booth, on grounds, gates, parade, craft tent); surveying fairgoers; serving on a committee (finance, long-range, by-laws, etc.); or some other interest (specify):

Annual dues **\$20.00**. Membership is automatically renewed **November 1st** unless cancelled in writing. Please make check payable to: **FCAS**
FCAS
PO Box 564
Greenfield MA 01302-0564

FOR OFFICE USE:

New Member _____ Past-Member _____

Submitted by: _____

Date: _____ Board Approval: _____