

**Franklin County Agricultural Society**

**MEMBERSHIP APPLICATION**

Application Date: \_\_\_\_\_

(Mr. Ms. Mrs.) 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?

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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):

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Annual dues **\$20.00**. Membership is automatically renewed **November 1<sup>st</sup>** 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: \_\_\_\_\_