

WCFA MEMBERSHIP

Membership will be in an individual's name or a business name.

Please complete the form and submit with payment to the address below.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Alternate Phone: _____

Email: _____

TYPE OF MEMBERSHIP DESIRED: (please check one)

_____ ANNUAL (\$50 per year) January 1 – December 31

_____ LIFETIME (\$200)

_____ PERSONAL SILVER SPUR (\$1,000)

_____ BUSINESS SILVER SPUR (\$1,500)

_____ I am interested in becoming active on a committee!

Which specific committee? _____

Please mail the completed form with payment to the address below or drop it off in the Fair Office.

Walker County Fair Association
Attn: Membership Committee
PO Box 1817
Huntsville TX 77342-1817

For office use only:

Date Rec'd: _____

Paid: Check # _____ Cash _____

Amount: _____

Badge _____ Added S/S _____

Mailed _____ Delivered _____