

WCFA Replacement Membership Card Request

Please fill out (print) the following form and submit with payment of \$10 to the fair office or the address below:

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Alt Phone: _____

Email: _____

TYPE OF MEMBERSHIP:

_____ ANNUAL

_____ LIFETIME

Please mail completed form and payment to:

Walker County Fair Association Membership
P.O. Box 1817
Huntsville, Texas 77342-1817

Or submit to fair office with payment.

You will be contacted when card is ready.

For more information contact (936)291-8763 or wcf@walkercountyfair.com