

## 2024

## Calhoun County Agricultural & Industrial Society Membership Application

Effective January 1, 2024 through December 31, 2024

Membership Applications must be filled out completely and signed to be valid

Memberships and benefits are nontransferable and nonrefundable

The mission of the Calhoun County Agricultural & Industrial Society is to preserve its agricultural heritage; to foster connections between agriculture, business, education, industry, and technology; and to engage an ever-increasing number and diversity of people from across the county and beyond.

Primary Member							Date of Birth			
Mailing Address										
City						State			Zip	
Phone				Email						
l am a:	⊖ Rer	newing Member	wing Member O New Member							

## Membership Level (select one):

O Base - \$25 each individual (Includes quarterly newsletter, and voting rights)

O Patron - \$100 (Includes quarterly newsletter, voting rights, Friend of the Fair Sponsorship, and 1 free printed fair book and one weekly fair pass)

## O Patron Plus - \$175 (Includes 2 memberships, quarterly newsletter, voting rights, Friend of the Fair

Sponsorship, 1 free printed fair book, 1 reserved parking spot for fair week, and two weekly fair passes)

Seconda	ry Member						Date of Bir	th			
Mailing A	Address										
City				State			Zip				
Phone		Email									
l am a:	⊖ Rer	Renewing Member New Member									
Payment	Method:										
(	🔵 Cash										
(	) Check #	Exp:	Exp: CC\			: Billing Zip Code:					
Annual Mem By signing be character an	nbership Meeting. I elow, I/we accept m nd reputation. I/we	d to attend Fair Board Meetings, which a Bylaws and Meeting Minutes can be four nembership into the Calhoun County Agr recognize the importance of rendering p least eighteen years of age and that I/w	nd online at ricultural & personal sei	t <b>www.C</b> Industria rvice to r	alhounCoun Il Society and ny/our comr	t <b>yFairgr</b> d that th munity i	ounds.com. le standards a n cooperatior	are limited	d to persons of good moral ner civic-minded individuals.		
Primary Member Signature: Date:											
Secondar	ry Member Sig	nature:						_ Date:			
OFFICE	USE:										
Dues Paid \$ Datab			ase			_	Fair Week Pass(es) Patron Plus ONL				
			Date				⊖ Given ⊖ Mailed				
Staff		Staff	Staff					Staff			

Please Return Completed Form along with payment to CCAIS 720 Fair Street, Marshall, MI 49068