

Washington County Agricultural Society Membership Form

The primary objective of the Washington County Agricultural Society is to plan, promote and conduct the Annual Washington County Fair.

Please Print:

Name: _____ Voting Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Receive Text: Yes No

If a membership list is requested, what may be included?

- Name only
- All information (name/email/phone/mailling address)
- Do NOT include my information

Membership Dues (check one):

Voting Current Member ~ \$25.00

- Receive a pack of 5 admission tickets to the fair
- Privilege of voting on Ag. Society business
- A member of the Ag. Society the previous year
- Receives all mailings and meeting notices

Voting New Member ~ \$25.00

- Receive a pack of 5 admission tickets to the fair
- Eligible to vote on Ag. Society business after one year of membership
- Never been a member of the Ag. Society
- Have let membership to the Ag. Society lapse
- Receives all mailings and meeting notices

Non-Voting Member ~ \$10.00

- Not eligible to vote on Ag. Society business
- Receives all mailings and meeting notices

Please accept an additional donation to the Ag. Society General Fund (optional): \$ _____

I am interested in volunteering in the following areas (optional, check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Ticket seller | <input type="checkbox"/> Clean Up Days |
| <input type="checkbox"/> Ticket taker | <input type="checkbox"/> Building Hosts |
| <input type="checkbox"/> Building set-up/take down | <input type="checkbox"/> Golf cart driver (assisting fairgoers to parking lots) |
| <input type="checkbox"/> Open Class Division help | <input type="checkbox"/> Non-fair events (horse shows, food truck festival, etc.) |
| <input type="checkbox"/> Information Desk help | |

Checks payable to WCAS – return completed form with membership dues to:

Washington County Ag Society, PO Box 92, Scandia, MN 55073

For office use:

Date Paid: _____ Cash Check #: _____

Signature of person taking membership _____