



MEMBERSHIP APPLICATION

(Must be at least 18 years of age to become a member.)

\$10.00 must accompany this form.

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Cellphone Number: _____

Email Address: _____

**Mail payment and completed application to:
Jefferson County Fair Association
PO Box 653
Ranson, WV 25438**

Jefferson County Fair Association Use Only

Date application and payment was received: _____

How was the application received? US Mail In Person; If in person, the JC Fair Assoc. Representative's name who received the application and payment: _____

Added to the Membership Roster: Yes Date: _____ By: _____