

Muskegon County Fair Association
2017 MEMBERSHIP APPLICATION



Send completed application with payment to:
Muskegon County Fair Association ~ Attn: Membership
P.O. Box 366 ~ Ravenna, MI 49451

Member Name (please print): _____

Mailing Address: _____

City / Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

1-yr. Membership Fee: \$10 per person, does not include spouse. Please make checks payable to MCFA.

Membership Year: January 1st to December 31st (there will be no pro-rated dues)

Meeting Dates: Fair Board Monthly Meetings – 3rd Tuesday of every month (excluding December)
Annual Meeting – 3rd Tuesday in October

Time of Meetings: 7:00pm

Place of Meetings: Muskegon County Fairgrounds Office

What do I get for my membership?

- The opportunity to participate in guiding the future of the fairgrounds and the future of the Youth Fair.
- Monthly recap of meeting minutes reporting activities of the Fair Association.
- In accordance with the Association's bylaws, members in good standing are entitled to (1) vote at the Annual Meeting of the Fair Association for election of Directors in October. Bylaws are available for review on the fairgrounds website at www.muskegonfairgrounds.com.
- Members may also participate on various committees that involve all aspects of the managing the fairgrounds.

Please circle the Fair Board Committee(s) or areas you would like to serve on:

AWARDS / PREMIUMS

FINANCE

SITE & GROUNDS

HORSE COMMITTEE

EVENT COMMITTEE

PUBLIC RELATIONS & SERVICE

FAIR BOOK COMMITTEE

SHOOTING SPORTS

FUNDRAISING

ARTS & TALENT COMMITTEE

SMALL ANIMAL COMMITTEE

YOUTH FAIR ENTERTAINMENT

FAIR BOARD – DIRECTOR

VENDOR COMMITTEE

ONLINE ADMINISTRATOR

SAFETY COMMITTEE

Interest or expertise relating to the fairgrounds and/or Youth Fair:

As a member of the Muskegon County Fair Association, I certify that I am 18 years of age or older. As a member in good standing, I acknowledge that I am entitled to one (1) vote for Directors at the Annual Meeting which is held in October and that I am not entitled to vote at regular monthly meetings or special meetings.

Member Signature _____

Date _____

FOR OFFICE USE ONLY

Membership Fee: \$10 annually

Date Paid: _____

Circle One: Cash / Check Check #: _____