

Questions:

Friends of the Chowchilla Fair 2016 Membership Application

Complete the form below and return with your donation payable to *Chowchilla Madera County Fair*. Each member will receive a "Friends of the Chowchilla Fair" decal to display at their home or business to show their support. You will be listed on our website as a member of the Friends of the Chowchilla Fair in the membership category of your choice.

| | ■ \$251 or mor | e Business Member Plus \$ |
|--|--|--|
| | □ \$250 Business Member □ \$50 Family Member | |
| | | |
| | ■ \$25 Individu | ual Member |
| | ☐ In addition to the annual membership I/we would like to place an additional donation in the amount of \$ | |
| All of the donations made to the Fair is here for many more year | | owchilla Fair will go to Fair operational costs to ensure your |
| Name/Company – exactly as you wi | ish it to be listed | |
| Contact Name | Address | |
| Геlерhone | | Email |
| Signature | | Amount of Donation Enclosed: |
| Mail or deliver to: | Chowchilla Madera County Fair P.O. Box 597 Chowchilla, CA 93610 | |

Call John Scurfield 559-665-3728