

**CHESTERFIELD COUNTY FAIR ASSOCIATION, INC
P.O. BOX 801, CHESTERFIELD, VA 23832-9998**

MEMBERSHIP APPLICATION 2017

I, hereby wish to become a member of the Chesterfield County Fair Association, Inc. (CCFA). By doing so, I agree to abide by and uphold the bylaws and contracts of the Association. I understand that I will be entitled to all benefits the Association offers. I understand that the Chesterfield County Fair Board of Directors is the governing body of the CCFA and that an annual meeting is held which I am encouraged to attend. Dues to become a member of the CCFA for 2017 are \$10.00 per person and can be paid between the opening of the 2016 Chesterfield County Fair and July 31, 2017. CCFA is a volunteer organization and I understand that I may be called upon from time to time to assist in programs and events.

CCFA offers membership and employment opportunities in accordance to state and federal laws, codes, and system policies supporting the rights of and recognizing the needs of citizens regardless of gender, age, race, color, religion, national origin, disability, veteran status or political views.

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

_____ **PLEASE CHECK IF YOU WOULD LIKE TO VOLUNTEER TO HELP WITH THE FAIR.**

PLEASE LIST AREA OF INTEREST: _____

HOW MAY WE CONTACT YOU: _____

SIGNATURE: _____ **DATE:** _____