

**Clay County Fair Association, Inc.**  
**Personal Information / Individual Membership Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Nickname (if used): \_\_\_\_\_ Spouse \_\_\_\_\_

**Address:** Mailing \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Birthday: MDY \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_

Phone Information: Home: \_\_\_\_\_ Office: \_\_\_\_\_

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**Individual Memberships:**

Dues \$10 per Year (**Due prior to February 1<sup>st</sup> of each year**)

Yes \_\_\_\_\_ I would like to become a member of the Clay County Fair Association, Inc.,  
enclosed are my dues. Check \_\_\_\_\_ Cash \_\_\_\_\_

**Area you volunteer for:** \_\_\_\_\_

**Areas of interest at the Fair: (Complete if **New Volunteer**)**

Livestock \_\_\_\_\_ Entertainment \_\_\_\_\_ Information Booth \_\_\_\_\_ Gate Operations \_\_\_\_\_  
Sponsorship \_\_\_\_\_ Luncheon \_\_\_\_\_ Office Reception \_\_\_\_\_ Grounds Operations \_\_\_\_\_  
Health/Environmental \_\_\_\_\_ Recycling \_\_\_\_\_ Vendor/Rentals (Booth Space) \_\_\_\_\_  
RV Rentals \_\_\_\_\_ Publicity/Marketing \_\_\_\_\_ Early Florida Village \_\_\_\_\_  
Parking \_\_\_\_\_ Awards \_\_\_\_\_ Competative Exhibits: Home Arts \_\_\_\_\_  
Horticulture \_\_\_\_\_ Painting & Photography \_\_\_\_\_ Tram Operations \_\_\_\_\_  
Other \_\_\_\_\_ Explain \_\_\_\_\_

Would you like to receive our Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_