

**LIFE MEMBERSHIP CARD**

Fort Bend County Fair  
P.O. BOX 428      281-342-6171  
ROSENBERG, TX 77471

Mr. ( ) Mrs. ( ) Ms. ( ) \_\_\_\_\_, 20\_\_

Name \_\_\_\_\_

Please Print

Home Ph. #

Home Address \_\_\_\_\_

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

Business \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Life Member ( ) \$300.00

Cash ( )

Spouse ( ) \$200.00

Pay \$ \_\_\_\_\_ Check ( )

Member & Spouse ( ) \$500.00

Charge ( )

Director Signature \_\_\_\_\_