



South Lake County Agricultural Historical Society Membership Application

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Numbers

_____ (CELL) _____ Please indicate preferred contact

_____ (HOME) _____

E-MAIL ADDRESS _____

Would you prefer to receive the Club's newsletter by e-mail ____ or US Postal mail ____?

How did you hear about the club? _____

Would you help with fundraising? _____ YES _____ NO

Are you interested in serving on any of the committees? _____ YES _____ NO

Where will you donate time during our annual show?

____ Functioning Display ____ Kids Area ____ Registration ____ Pie Booth ____ Salables

____ Gates ____ Setup/Teardown ____ Vendors ____ Other: _____

What are your interests/hobbies? _____

Current Annual Membership Fee: \$10.00 **per person**

SIGNATURE: _____ DATE: _____

Please note: Yearly Dues are from January 1 to December 31

Please make checks payable to South Lake County Agricultural Historical Society.

Return this form to:

South Lake County Agricultural Historical Society

C/O: Membership

PO Box 847

Crown Point, IN 46308