California Mid State Fair Heritage Foundation, Inc.
2010 Membership Application

Date:

Member 1

Name:

Home Address: City:

State: Select a State Zip:

(if different from Home Address)

Mailing Address: City:

State: Select a State Zip:

Occupation:

Business:

Business Address City:

State: Select a State Zip:

Email: Phone: Fax:

Member 2

Name:

Home Address: City:

State: Select a State Zip:

(if different from Home Address)

Mailing Address: City:

State: Select a State Zip:

Occupation:

Business:

Business Address City:

State: Select a State Zip:

Email: Phone: Fax:

Jacket Information (First time members only)

Member 1 Name: Size:

(As you want it to appear on the front of your member jacket)

Member 2 Name: Size:

(As you want it to appear on the front of your member jacket)

Payment Method

○ Check ○ VISA

○ Credit Card ○ Master Card

Amount $_____ Signature: X _____

Card # EXP Date:

Please Print or Type application and mail completed application with Payment to:
Heritage Foundation
P.O. Box 8
Paso Robles, CA 93447