

California Mid State Fair Heritage Foundation, Inc.

_____ (year) Membership Application

Date: _____

Member 1

Name: _____

Home Address: _____ City: _____

State: _____

Zip: _____

(if different from Home Address)

Mailing Address: _____ City: _____

State: _____

Zip: _____

Occupation: _____

Bussiness: _____

Bussiness Address _____ City: _____

State: _____

Zip: _____

Email: _____ Phone: _____

Fax: _____

Member 2

Name: _____

Home Address: _____ City: _____

State: _____

Zip: _____

(if different from Home Address)

Mailing Address: _____ City: _____

State: _____

Zip: _____

Occupation: _____

Bussiness: _____

Bussiness Address _____ City: _____

State: _____

Zip: _____

Email: _____ Phone: _____

Fax: _____

Jacket Information (First time members)

Member 1 Name: _____

Size: _____

(As you want it to appear on the front of your member jacket) (First time members only)

Member 2 Name: _____

Size: _____

(As you want it to appear on the front of your member jacket) (First time members only)

Payment Method

Check
 Credit Card

VISA
 Master Card

Amount \$ _____

Signature: X _____

EXP Date: _____

Card # _____

Please Print or Type application and mail completed application with Payment to:

Heritage Foundation
P.O. Box 8
Paso Robles, CA 93447