

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

Date:

**Member 1**

Name:

Home Address:

City:

State:

Zip:

(if different from Home Address)

Mailing Address:

City:

State:

Zip:

Occupation:

Business:

Business 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:

Business:

Business Address

City:

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

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