



Box 114  
 South Mountain Ont.  
 KOE 1W0  
**Membership Form**

Mr.  Mrs.  Ms.  Dr.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If membership is for a child under 18 please print parent or guardian's name \_\_\_\_\_

And Age \_\_\_\_\_ Under 18 no charge.

**Membership Fee \$10.00 per year (over 18 years of age).**

Make cheque payable to the Mountain Township Agricultural Society (MTAS)

Cash

**Personal Information Protection and Electronic Documents Act Waiver**

**\*\*Yes, I \_\_\_\_\_ give the Mountain Township Agricultural Society permission to publish my name in the Fair Book, on their website, in the newspaper and/or at the fair.**

**\*\*No, I \_\_\_\_\_ don't want my name to be published in any way.**

Date \_\_\_\_\_ Sign \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_ Processed By \_\_\_\_\_

Membership No. \_\_\_\_\_ Sections Exhibited In \_\_\_\_\_

New Member \_\_\_\_\_ Old Member \_\_\_\_\_