



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 _____