

ORANGEVILLE AGRICULTURAL SOCIETY
MEMBERSHIP APPLICATION

This signed document is in accordance with the O.A.S. privacy policy, in that the information will be kept in a secure manner and, used only by the O.A.S. Executive and/or Secretary for purposes of maintaining a mailing list and contacting the membership as required.

NAME: _____

ADDRESS: _____

PHONE #: H# _____

B# _____

C# _____

E-MAIL: _____

How would you like to be associated with the Society? i.e. Home Craft, Livestock, Commercial vendors- Agri Education, Fundraising, Volunteer etc

Briefly, please tell us why you are interested in becoming a member of the O.A.S.

Do you have any health, allergies or mobility issues of which we should be aware?

Do you work full / part time?

What other interests or hobbies do you pursue?

Are you available to assist with other fundraising events not associated with the annual fair?

Emergency contact: Name:

Phone #:

Member signature

Date

(Under 18 yrs of age) Signature of Parent / Guardian

O.A.S. Signature

Please be aware that your name, address & phone number will be included in a list distributed to members only. If you do not wish it to appear please state so on the application.