

**Union County West End Fair  
MEMBERSHIP APPLICATION**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Have you served as a member before?** \_\_\_ Yes \_\_\_ No

Were you recommended by or do you know current members? \_\_\_ Yes \_\_\_ No

If yes, list names: \_\_\_\_\_

**Tell us what interests and skills you have that will benefit the community fair:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lending a helping hand at the fair:**

Are you willing to attend a meeting once a month? \_\_\_ Yes \_\_\_ No

Are you willing to help maintain the grounds and buildings? \_\_\_ Yes \_\_\_ No

Are you willing to help the week of the fair? If so, indicate available times.

	Morning	Afternoon	Evening	Notes / Comments
SUN				
MON				
TUES				
WED				
THUR				
FRI				
SAT				
SUN				

**Members of the fair are elected to serve on one or more committees. Which committee would you be willing to serve on?** *(Please ask to see a committee list. Examples: Buildings and Ground, Tractor Pullers, etc.)*

\_\_\_\_\_

\_\_\_\_\_

**What do you feel the fair could do to improve itself?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anything else you would like to share** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank You for your interest in the fair!**

Please submit this form at the office the week of the fair or Mail To:  
Dennis Boop, 1555 Swengel Road, Mifflinburg, PA 17844 by September 1.