

**APPLICATION FOR MEMBERSHIP
TO
CALUMET COUNTY AGRICULTURAL ASSOCIATION**

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone No. _____ e-mail _____

Date of Application: _____

PURPOSE:

The purpose of THE CALUMET COUNTY AGRICULTURAL ASSOCIATION is to engage in any lawful act or activity under Chapter 94, promoting exclusively educational and scientific purposes, including, but not limited to the education of agricultural, mechanical and household arts, further enhance needed educational programs for the benefit of people in Calumet County and conduct such exhibitions, fairs and events consistent with those needs of people in Calumet County and members of the association.

PURPOSE:

To become a voting member, any person, partnership, unincorporated association and corporation, interested in advancing the purpose of the association may become a lifetime member of this association upon purchase of at least one share of stock.

Board of Directors shall have the conclusive right to determine whether the qualifications required for membership are being met.

I FEEL I CAN CONTRIBUTE TO THE CALUMET COUNTY AGRICULTURAL ASSOCIATION AND ASK THAT MY MEMBERSHIP BE ACCEPTED FOR THE FOLLOWING REASONS:

Signature of Applicant _____