



Thank you for your interest in becoming a voting member of the Oregon Country Fair. Please note the eligibility requirements and responsibilities outlined in the bylaws. The information requested on this form will help us determine if you are eligible for voting membership. Please keep the Fair informed of your current address!

Do you want to get the Fair Family News? by mail on line No thanks.

NAME* _____
First middle last

ADDRESS* _____

CITY* _____ STATE* _____ ZIP* _____ PHONE _____

E-MAIL ADDRESS _____ BIRTH DATE _____

Year you most recently worked at the Fair: * _____ Wrist band #: _____

Role - Please provide the booth #/booth name or crew or entertainment or other area you worked with:

 Name of Booth Rep., Crew or Area Coordinator (who can verify your participation):

Yes, I want to register to vote in future OCF Board of Directors elections! I understand that to become a member of the Oregon Country Fair with full voting rights, I must sign and date this application and that state law requires that my name and address be kept on file in the OCF office.

Signature* _____ Date* _____

*required
 Mail to OCF, Attn: Membership/Mailing, 442 Lawrence Street, Eugene, OR 97401. (541-343-4298, fax 541-343-6554.)