

LITCHFIELD FARMERS CLUB, INC.

APPLICATION FOR MEMBERSHIP

DATE _____

Name _____

Address _____

Legal Residence _____ Phone _____

Please consider my application for membership in the LITCHFIELD FARMERS CLUB, INC.

State Briefly your interest in, or reasons for, applying for membership in the LITCHFIELD FARMERS CLUB.

If my membership application is approved, I would like to assist with the annual LITCHFIELD FAIR in the area of _____

Recommended by: _____

Officer/Director

Membership Committee Report: _____

Membership Committee Signatures: _____

APPLICANT'S
SIGNATURE _____