



Terrebonne Livestock & Agricultural Fair Association

2020 Membership Application

(Please Print!!)

Date: _____

Name or Primary Adult Member _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other _____

Email _____

Email _____

Best Contact method: _____

Additional Members in your family:

(Adult) _____ D.O.B. _____ (Youth) _____ D.O.B. _____

(Youth) _____ D.O.B. _____ (Youth) _____ D.O.B. _____

(Youth) _____ D.O.B. _____ (Youth) _____ D.O.B. _____

Members of my family participate in (circle all that apply):

Cajun Cowgirls

Horse Shows

Rodeos

Queens' Contest

Signature of Adult Family Member _____

Dues: Individual \$20.00 Family \$40.00

For office use only: _____

Date paid _____ Amount paid: _____ Type of Membership: _____

Method of Payment: _____ Cash _____ Check (CK # _____)

Collected by _____