



St. Helen Bluegill Festival Committee MEMBERSHIP APPLICATION

*Annual Dues
\$12*

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Why would you like to join the Bluegill Festival Committee?

Signature

Date

Official Use Only



Membership Application Voted On _____

Membership approved/disapproved by a majority vote of the membership.

Dues Paid \$ _____ (\$12 annual prorated from September 1)



President

Date

or



Vice-President

Date

Email application to contact@bluegillfestival.com or give to a member to turn in