

Excerpted from the Oregon Country Fair BYLAWS - (see http://oregoncountryfair.net Board>By-laws)

ARTICLE V. MEMBERS

2. <u>Eligibility and Admission</u>. a) Any individual who subscribes to the purposes and basic policies of the Fair, abodes by the terms and conditions of these Bylaws, the Articles of Incorporation and any amendments thereto, and act in accordance with the decisions made by the Board of Directors, is eligible for membership if the individual is registered with the Fair and (1) has either received a wristband, other Fair camping pass or verifiable worker day pass in one of the two previous years, or (2) is a verified elder. To remain a member, an individual must vote in at least one annual membership vote every three years.

6. Rights of membership.

name and address be kept on file in the OCF office.

a). **Voting**. All members who have been members for at least 30 days prior to the date of a membership meeting shall be entitled to cast one vote...

ARTICLE VI. MEMBERSHIP MEETINGS

1. <u>Annual Meetings</u>. An annual meeting of the members shall be called by the Board of Directors at a date to be fixed by the Board, but in no case later than October 30. The purpose of the annual meeting shall be to elect the Board of Directors, to present the members with a financial statement for the fiscal year then ending, and to consider any other business that the Directors may determine to be appropriate.



Questions about voting membership? Email - elections@oregoncountryfair.org

Thank you for your interest in becoming a voting member of the Oregon Country Fair. Vote for the OCF Board of Directors! Please see the eligibility requirements in the bylaws, and fill in the information requested on this form. If you are eligible for voting membership, you will be sent an annual meeting notice in September with the opportunity to request an absentee ballot. Please keep the Fair informed of your current address!

*This info is required.

NAME*

| First | middle | last

First	middle	last		
ADDRESS*				
CITY*	STATE*	ZIP*	PHONE	
E-MAIL ADDRESS		BIRTH DATE		
Year you <i>most recently</i> worked R ole* - Please provide the boo			other area you worked with:	
Name of Booth Rep., Crew or A	rea Coordinator (someone who	o can verify your pa	rticipation):	
			! I understand that to become a member lication and that state law requires that m	

Signature*_____ Date*______ Date*______ Do you want to get the Fair Family News?

No thanks
email notice
snail mail

Mail this form to OCF, Attn: Membership/Mailing, 442 Lawrence Street, Eugene, OR 97401.