



Application for Associate Membership

Year 2012

DUES: (Dues are not deductible as a charitable expense.)

- ❖ \$65.00 per calendar year and are required to be included with this application;
- ❖ Payable after October 1st but must be paid no later than January 31st to keep the membership current, current members as of July will be listed in the convention Program Book.

PLEASE PRINT WHEN FILLING IN APPLICATION

Return this application with your check to the address at the bottom of this form.

Thank you for joining us.

*Required Information

*Member Name _____

*Mailing Address _____

City _____ State _____ Zip Code _____

*Telephone No. (_____) _____ Web site _____

Email _____

Please check ***ONE** box below indicating your preference of business category for purposes of advertising and listings.

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising/Communications | <input type="checkbox"/> Carnival/Rides | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Entertainment/Talent Agencies | <input type="checkbox"/> Fair Supplies/ Equipment | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Motorsports | <input type="checkbox"/> Organizations |
| <input type="checkbox"/> Resources | <input type="checkbox"/> Ribbons/Trophies/Memorabilia | <input type="checkbox"/> Sound/Lighting |

*Contact Person _____

Authorized Signature _____ Title _____

Date ____ / ____ / ____

MAKE CHECKS PAYABLE TO:

KANSAS FAIRS AND FESTIVALS ASSOCIATION

RETURN THIS FORM WITH YOUR CHECK TO:

Kansas Fairs & Festivals Association
P.O. Box 127
Great Bend, Ks. 67530

FOR OFFICE USE ONLY

Check No. _____
Date Received _____
Amount \$ _____
Database _____
Posted to Web Site _____

Phone: (620) 793-3747

e-mail: admin@kansasfairsassociation.com