



APPLICATION FOR ASSOCIATE MEMBERSHIP

PLEASE PRINT WHEN FILLING IN APPLICATION

Return this application with your check to the address at the bottom of this form. Dues are per calendar year and are payable after July 1 but must be paid no later than November 1.
Thank you for joining us.

Member Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone No. (____) _____ Web site _____

MEMBERSHIP FEE: \$50.00

Year _____

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

- Advertising/Communications Carnival/Rides Concessions
- Entertainment/Talent Agencies Fair Supplies/ Equipment Friends
- Insurance Organizations Resources
- Ribbons/Trophies/Memorabilia Sound/Lighting

Contact Person _____

Authorized Signature _____ Title _____

CHECKS SHOULD BE MADE PAYABLE TO: KANSAS FAIRS AND FESTIVALS
PLEASE RETURN THIS FORM WITH YOUR CHECK TO: Charles Atkinson
P.O. Box 127
Great Bend, Ks. 67530
Phone: (620) 793-3747 e-mail: admin@kansasfairsassociation.com

For Office Use Only

Check No. _____
Date Received _____
Amt. _____
Posted to Web site _____