

MEMBERSHIP FORM FOR FAIR OR FESTIVAL

KANSAS FAIRS AND FESTIVALS ASSOCIATION

P.O. Box 127
Great Bend, Ks. 67530

Phone: (620) 793-3747

e-mail: admin@kansasfairsassociation.com

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

- ❖ \$50.00 per calendar year and are required to be included with this application;
- ❖ Are renewable after July and due by September 1 for the upcoming year;
- ❖ Must be paid by November 1 to keep the membership current and to assure a listing in the convention Program Book.

Date ____/____/____

PLEASE PRINT OR TYPE WHEN FILLING IN NAMES AND ADDRESSES

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone No. (____) _____ Web site _____

Location of Event _____

(City, Park, etc.)

Date of Event ____/____/____ Estimated Attendance _____

Contact Person: _____ Phone No. (____) _____

Do you have a carnival? (Please circle one) Yes No

If yes, name of your Carnival _____

OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION	E-MAIL ADDRESS
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_____	_____	_____	_____
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_____	_____	_____	_____
City	_____	State	Zip Code

_____	_____	_____	_____
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_____	_____	_____	_____
City	_____	State	Zip Code

_____	_____	_____	_____
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_____	_____	_____	_____
City	_____	State	Zip Code

Signature _____ Title _____

MAKE CHECKS PAYABLE TO:

RETURN THIS FORM WITH YOUR CHECK TO:

KANSAS FAIRS AND FESTIVALS ASSOCIATION

Kansas Fairs & Festivals Association

P.O. Box 127

Great Bend, Ks. 67530

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FOR OFFICE USE ONLY

Check No. _____

Date Received _____

Amount \$ _____

Posted to Web Site _____