Wisconsin Association of Fairs
2020 ASSOCIATE MEMBER FORM

Name of Firm ________________________________________________________________ Maximum 36 Spaces
Contact Person ______________________________________________________________ Maximum 36 Spaces
Address _________________________________________________________________ Maximum 36 Spaces
City, State, Zip __________________________________________________________ Maximum 36 Spaces
Telephone: ___________________________ Maximum 36 Spaces
E-Mail: ___________________________________________________________ Maximum 36 Spaces
Web: ____________________________________________________________ Maximum 36 Spaces
WI Rep: ____________________________________________________________ Maximum 36 Spaces
Telephone: ___________________________ (if different than above)

Type of Business Category (Check only one):

_____ Association

_____ Attractions

_____ Carnivals & Rides

_____ Concessions

_____ Entertainment Agency

_____ Equipment

_____ Fair Awards & Supplies

_____ Fair or Festival (2019 dates _________________________)

_____ Insurance

_____ Judge

_____ Motorsports Event

_____ Musical Act

_____ Rodeo

_____ Special Services

_____ Staging, Sound & Lights

_____ Tents

Dues are $70.00/year and run from January 1 to December 31. Renewals will automatically be sent in the fall of each year.

The above information will be included on our website and in our membership directory. If there is any information you do not want listed publicly, please make a special note.

Date ______________________              Signed __________________________________________________

This form must accompany Check of $70.00 payable to:

Wisconsin Association of Fairs
5320 County Road F
Merrill, WI 54452
715-536-0246
info@wifairs.com