

2017-18 Associate Membership Application



TYPE OF BUSINESS

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attractions | <input type="checkbox"/> Entertainer | <input type="checkbox"/> Talent Agency |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Concessionaire | <input type="checkbox"/> Supplier | |
-

Business Name – *as it should appear in listings in print and online:*

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

E-mail Address: _____

Website: _____

Facebook: _____

Other Social Media: _____

Description of Product/Services: _____

Signature: _____

I hereby make an application for **ASSOCIATE MEMBER** in the **Association of Connecticut Fairs** for the period beginning November 1, 2017 and ending October 31, 2018.

I understand that my acceptance, if received by December 1st of the given year, may allow my name or business name to be printed as a member in the "2018 Connecticut Agricultural Fairs" brochure if room is available. I also understand that no matter when I become a member of the Association I will be listed on the Associations Web Page with the phone number, type of business, and email address I have provided.

Annual membership fee for Associate Membership is \$50.00.

Please enclose check made payable to the "ASSOCIATION OF CONNECTICUT FAIRS, INC."

Please check here: ___ Renewal of membership ___ New Membership

Mail Application and check to:
Association of Connecticut Fairs, Inc.
873-B Farmington Avenue, Berlin, CT 06037
860. 982.1366 • info@CTAgFairs.org



THE ASSOCIATION OF CONNECTICUT FAIRS, INC.
Associate Member Application

CTAgFairs.org