



2019-2020 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 (please specify) |
| <input type="checkbox"/> Concessionaire | <input type="checkbox"/> Supplier | |
-

Business Name (as it should appear in print listings and online):

Contact Person(s):

Address:

City:

State:

Zip:

Phone:

Fax:

Cell:

Other:

Email Address:

Website:

Facebook Page:

Other Social Media:

Description of Product/Services (as it should appear in print listings and online):

I hereby make an application for Associate Member of the Association of Connecticut Fairs for the period beginning November 1st, 2019 and ending October 31st, 2020.

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 "2020 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 website with the business description and contact information that I have provided.

Enclosed is a check (made payable to The Association of Connecticut Fairs, Inc.)
in the amount of \$50.00 for our ACF Associate Membership.

Signature:

Date:

Mail this form with check to: Lisa Lamoureux, First Vice President, The Association of Connecticut Fairs, Inc.
22 Linda Court, Meriden, CT 06450

Please contact (203) 238-1510 or lisalam33@icloud.com with questions.