

Wisconsin Association of Fairs 2019 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: _____
E-Mail: _____
Web: _____
WI Rep: _____ Telephone: _____
(if different than above)

Type of Business Category (*Check only one*):

<input type="checkbox"/> Association	<input type="checkbox"/> Insurance
<input type="checkbox"/> Attractions	<input type="checkbox"/> Judge
<input type="checkbox"/> Carnivals & Rides	<input type="checkbox"/> Motorsports Event
<input type="checkbox"/> Concessions	<input type="checkbox"/> Musical Act
<input type="checkbox"/> Entertainment Agency	<input type="checkbox"/> Rodeo
<input type="checkbox"/> Equipment	<input type="checkbox"/> Special Services
<input type="checkbox"/> Fair Awards & Supplies	<input type="checkbox"/> Staging, Sound & Lights
<input type="checkbox"/> Fair or Festival (2019 dates _____)	<input type="checkbox"/> 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