

Please print or type information: (This information will be printed in	the Membe	ership Document	t and must be legible).	
County:	Name of Fair/Festival/Ev	ent:			
City (event held in):	Dates of Even	t:	to	, 2025	
Membership Dues \$150.00 - DUES ARE	TO BE RECEIVED BY December 1, 202	24* \$			
RENEWAL LATE FEE – AFTER December 1, 2024 - \$50.00		\$			
Total Enclosed (Membership + Late fee if applicable)		\$			
*	2024 will not be included in member eck payable "INAF" to: INAF PO Box				
Year of first fair / festival:	Address of event for GPS acc	cess:			
Fair office phone number	Fax	Email	·		
WEB SITE_ Please provide the following officers in	Carnival Conformation or attach a separate listing w	mpany: vith all board	members:		
President:		Home Phone:			
Address:		City	Zi	p:	
E-Mail:	Cell Phone:				
Vice President:			Home Phone:		
Address:		_City	Zi	p:	
E-Mail:	Cel	l Phone:			
Secretary:	Home Phone:				
Address:		City	Zi	p:	
E-Mail:	Cel	l Phone:			
Treasurer:			Home Phone:		
Address:					
E-Mail:	Cel	l Phone:			
Concessions:		Home Phone:			
Address:		City	Zi	p:	
E-Mail:	Cel	l Phone:			
Harness Racing:		Home Phone:			
Address:		City	Zi	p:	
Ext. Educator:		Home Phone:			
Address:		City	Zi	p:	
E-Mail: Please provide a separate listing of all	Cel board members for them to receive e-m	l Phone:	cations from the F	NAF.	