



# 2024-2025 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    |   |
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## Business Name (as it should appear in print listings and online):

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Contact Person(s):

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Address:

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City:

State:

Zip:

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Phone:

Fax:

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Cell:

Other:

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Email Address:

Website:

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Facebook Page:

Other Social Media:

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

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I hereby make an application for Associate Member of the Association of Connecticut Fairs for the period beginning November 1<sup>st</sup>, 2024, and ending October 31<sup>st</sup>, 2025.

I understand that my acceptance, if received by December 1<sup>st</sup> of the given year, may allow my name or business name to be printed as a member in the "2025 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:  
The Association of Connecticut Fairs, Inc. C/O Joe DeLorenzo  
P.O. Box 871, North Haven, CT 06473-0871  
TradeShow@CTAgFairs.org