INDIANA ASSOCIATION OF FAIRS
FAIR, FESTIVAL & EVENT MEMBERSHIP – 2026-2027

Please print or type information: (This information will be printed in the Membership Document and must be legible).

County:_____ Name of Fair/Festival/Event:_____

City (event held in):_____ Dates of Event:_____ to _____, 2026

Membership Dues $150.00 – **DUES ARE TO BE RECEIVED BY December 1, 2026*** $ _____

RENEWAL LATE FEE – AFTER December 1, 2026 - $50.00 $ _____

Total Enclosed (Membership + Late fee if applicable) **$** _____

*** Dues received after December 1, 2026 will not be included in membership material for 2027.**
MAIL COMPLETED FORM with Check payable "INAF" to: INAF PO Box 842 Brownsburg, IN 46112

Year of first fair / festival: _____ **Address of event for GPS access:** _____

Fair office phone number_____**Fax**_____**Email**_____

WEB SITE_____ **Carnival Company:** _____
Please provide the following officers information or attach a separate listing with all board members:

President:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

E-Mail:_____ **Cell Phone:** _____

Vice President:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

E-Mail:_____ **Cell Phone:** _____

Secretary:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

E-Mail:_____ **Cell Phone:** _____

Treasurer:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

E-Mail:_____ **Cell Phone:** _____

Concessions:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

E-Mail:_____ **Cell Phone:** _____

Harness Racing:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

Ext. Educator:_____**Home Phone:**_____

Address:_____**City**_____**Zip:**_____

E-Mail:_____ **Cell Phone:** _____
Please provide a separate listing of all board members for them to receive e-mail communications from the INAF.