



## Associate Membership Application

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please Provide the Service You Provide Below:

Please Check Which Type of Business You Are:

Carnival

Talent/Entertainment

Supplier

**Mail Completed Application and Dues Check Payable to:**

**LOUISIANA ASSOCIATION OF FAIRS AND FESTIVALS**

**c/o JEFF WRIGHT**

**P O BOX 1738**

**PONCHATOULA, LA 70454**

*Associate **Dues are \$100.00 annually** and due on or before January 1, of each year. Dues must be up to date to participate in the trade show at the annual convention.*

*Membership renewal not paid timely expires on April 1 of each year.*

*Dues are not prorated*