



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 LAUREN NOEL

P O BOX 1362

SCOTT, LA 70583

PLEASE NOTE NEW MAILING ADDRESS

*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