



TAFE Associate Membership Form- Pay by Check

Main Contact Information

First and Last Name: _____ Email: _____

Mailing Address: _____

City, State, Zip _____

Province: _____

Phone: _____ Fax: _____

Business Information

Business Name: _____ Website URL: _____

Description of your business: _____

Recommended By: _____

Payment Information

Please make checks payable to:
Texas Association of Fairs & Events
Mail to:
P.O. Box 12170
College Station, TX 77842

Check Number _____

Category

What category best describes you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Awards and Trophy Companies | <input type="checkbox"/> Auctioneers & Ringmen |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Concessions | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Decorations | <input type="checkbox"/> Entertainers & Talent | <input type="checkbox"/> Entertainment Booking, Consulting, Stage, Sound & Lights |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Event planners | <input type="checkbox"/> Fair supplies |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Rental companies | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Special Services | <input type="checkbox"/> Special Event Venues | <input type="checkbox"/> Other: _____ |