



ASSOCIATION OF ALABAMA FAIRS ASSOCIATE MEMBERSHIP FORM

NAME OF BUSINESS _____

MAILING ADDRESS _____

CITY, STATE ZIP CODE _____

BUSINESS PHONE _____

EMAIL ADDRESS _____

WEBSITE _____

TYPE OF BUSINESS _____

CONTACT NAME _____

CONTACT PHONE # _____

ANY OTHER INFO YOU WOULD
LIKE TO SHARE WITH THE FAIRS
& FOR PROMOTIONAL USE
ON OUR WEBSITE

ARE YOU A MEMBER OF IAFE _____ YES _____ NO

Associate Membership Dues are **\$150.00** and need to be paid by January 31 each year for the current year.

Associate Members are invited to have a Trade Show Table at the Annual Convention. There is no cost for the two-day trade show.

Please make check payable to: ASSOCIATION OF ALABAMA FAIRS

MAIL TO: Association Of Alabama Fairs
c/o Michelle Styron
601 East Commerce St.
Greenville, AL 36037

Signature of Authorized Signatory _____ Date: _____

FOR OFFICE USE ONLY

DATE PAID: _____ CHECK # _____ AMOUNT PAID _____