

ASSOCIATE MEMBERSHIP APPLICATION

VIRGINIA ASSOCIATION OF FAIRS, INC (VAF)

DATE: _____ **RENEWAL:** _____ **NEW:** _____

Membership in the Virginia Association of Fairs, Inc. is on a fiscal year basis, April 1 – March 31. Membership dues are \$125.00 payable to the Virginia Association of Fairs, Inc. only for the fiscal year in which the dues are paid. Association membership is a requirement for participation in any formal or informal conference activity or program, including but not limited to conference registration and tradeshow participation. The Virginia Association of Fairs, Inc. values its ASSOCIATE members' participation and will endeavor to enhance mutual business opportunities.

COMPANY/ORGANIZATION NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP+4 _____

CONTACT _____ **TITLE** _____

BUSINESS PHONE _____ **CELL PHONE** _____

EMAIL ADDRESS _____

FAX _____ **WEB Address** _____

Company has been a VAF associate member before? Yes ___ No ___ If "yes", approximately when? ___

In order to categorize your business interest accurately in our marketing efforts, please indicate your primary and secondary business focus. Please check all areas that apply.

PRIMARY

MIDWAY

Rides _____
Games _____

FOOD CONCESSIONS _____

BOOKING AGENT _____

ENTERTAINMENT

Staged _____
Free-Standing _____

PROFESSIONAL SERVICES

Insurance _____
Sound _____
Lighting _____

SUPPLIER

Food/Beverage _____
Tenting _____
Tickets _____
Awards/Ribbons/Plaques _____

SECONDARY

MIDWAY

Rides _____
Games _____

FOOD CONCESSIONS _____

ENTERTAINMENT

Staged _____
Free-Standing _____

PROFESSIONAL SERVICES

Sound _____
Lighting _____

OTHER

(OVER)

FAIR INDUSTRY VENDOR
Products _____
Consumer services _____

VAF FRIENDS _____

PAYMENT METHOD **Payment Amount:** _____

Credit Card:
VISA _____ **MASTER CARD** _____ **DISCOVER** _____

Credit Card Number: _____ / _____ / _____ / _____ **Security Code**
_____ / _____ / _____ / _____

Expiration:
____ / ____
Month **Year**

Card Holder Signature _____

Card Holder Mailing Address _____

Card Holder Street Address _____

Card Holder Phone Number _____ Cell Phone _____

PAYMENT FOR THE FOLLOWING:

- | | |
|-------------------|-----------------------------|
| ___ Membership | ___ Conference Registration |
| ___ Sponsorship | ___ Exhibit Space Fee |
| ___ Advertisement | ___ Miss VAF Pageant |
| ___ Other | |

This completed member application, with check or completed credit card information in the correct amount, should be sent to the VAF administrative office:

Virginia Association of Fairs, Inc.
P.O. Box 416
Middletown, VA 22645
Cell: (703) 919-7020
Fax: (540) 635-3701
VAFairs@gmail.com