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## *2017 Associate Membership Renewal Application*

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

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

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Please provide a brief description of what services your company provides to the Fair industry: \_\_\_\_\_

### **ASSOCIATE MEMBERSHIP FEES**

Dues are payable before December 15, 2016. In order to be placed in the 2017 Membership Handbook and on the NCAOAF website your dues must be paid in full.

Carnivals \$ 400.00

All Others \$150.00

### **METHOD OF PAYMENT:**



Check # \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date of card \_\_\_\_\_

Name on Card \_\_\_\_\_ 3 digit # back side of card \_\_\_\_\_

Address for Card Billing \_\_\_\_\_