



2017 Fair Membership Renewal Application

County Fair _____

Fair Manager or Contact Name: _____

2017 Fair Dates: _____

Your Carnival's Name _____

Fair Mailing Address: _____

Fair Physical Address: _____

City: _____ State: _____ Zip: _____

Fair Phone: _____ Mobile: _____

Fax: _____ Email: _____

Web Site: _____

MEMBERSHIP DUES BREAKDOWN

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

Attendance 0 - 15,000	\$200
Attendance 15,001 - 40,000	\$300
Attendance over 40,001	\$400

Method of Payment:



Check # _____

Card# _____

Billing Address of Card: _____

3 digit code on back of card _____ Exp. Date _____

MAKE CHECKS PAYABLE TO: NCAOAF
MAILING ADDRESS: PO Box 58220, Raleigh, NC 27658