



PO Box 58220
Raleigh, NC 27658
www.ncagfairs.org
Phone: 919-782-3058
Fax: 919-882-8533

2018 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, 2017. In order to be placed in the 2018 Membership Handbook and on the NCAOAF website your dues must be paid in full.

Carnivals \$ 500.00

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 _____

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