

ROCKY MOUNTAIN ASSOCIATION OF FAIRS

RMAF, PO Box 77, Filer, ID 83328-0077

Phone: 208-326-2288 Fax: 208-326-2289 Email: rmaf@filertel.com

SERVICE MEMBERSHIP APPLICATION (complete & return with fees)

NAME OF ORGANIZATION _____

CONTACT PERSON _____

MAILING ADDRESS _____

CITY, STATE & ZIP _____

PHONE # _____ FAX # _____ CELL # (optional) _____

EMAIL ADDRESS _____

WEBSITE _____

BRIEF DESCRIPTION OF ACT/PRODUCT & SERVICES OFFERED

PLEASE CIRCLE THE CATEGORY THAT BEST FITS YOUR ORGANIZATION:

- | | | | | |
|----------------|-------------|------------|-------------|----------------|
| ACTION | CARNIVAL | EDUCATION | INSURANCE | SECURITY |
| ANIMAL | CLOWN | EQUIPMENT | MAGICIANS | SOUND & LIGHTS |
| AWARD SUPPLIES | CONC/VENDOR | FIREWORKS | MUSICAL ACT | TICKETING |
| BOOKING AGENT | CONSULTING | HYPNOTISTS | RODEO | VARIETY ACT |

DUES ARE \$110.00 PER YEAR (US FUNDS) Each membership may have one floor vote. No proxy votes are accepted. A service member can hold office on the RMAF Board of Directors by due election of the service members in attendance at the annual fall convention. There are two positions for two service members on the RMAF Board of Directors.

I (or we) wish to join the Rocky Mountain Association of Fairs and agree to accept membership in compliance with this application and the By-Laws of the Association.

SIGNATURE OF APPLICANT _____ DATE _____

		AMOUNT ENCLOSED _____		
CHECK/MO <input type="checkbox"/>	CHARGE ME CREDIT CARD	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
CARD NUMBER _____			EX. DATE _____	
CVR# _____	BILLING ADDRESS _____			
SIGNATURE _____				