

MAFA



Fair/Company: _____

Name: _____

Telephone: (____) _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Contact Email: _____

General Info Email: _____ General Info Phone: _____

Fair Dates Fair: _____ Location of Fair: _____

Annual dues run from January 1 to December 31.

Association Type of Associate Membership (Please check one)

Events Attractions & Acts () Fair Supplies () Booking Agency ()

Fireworks Carnival & Rides () Insurance () Commercial Exhibit ()

Concessions () Food Concessions () Security Special Services ()

Fair dues are \$20.00 per operating day. 4-H Fairs N/C

The fee is \$50.00 for all associate categories.

Please make all checks payable to:MAFA

Associate Member: \$50.00 = \$ _____

Total Enclosed \$ _____

Mail this form along with check to:

MAFA
109 Shelburne Line Rd
Colrain, MA 01340