



Associate Member Application



To qualify as an IAFE Associate Member, applicants must be one of the following:

- Corporations or individuals that provide services, entertainment, exhibits, concessions, equipment, or supplies to a fair
- Allied Associations, such as agricultural, horticultural, livestock, and other associations with an interest in fairs
- Any annually scheduled event that doesn't qualify as a fair (i.e. horse shows, livestock shows, community celebrations, trade shows, festivals, etc).

ANNUAL DUES: \$215

Thank you for your interest in becoming a member of the International Association of Fairs and Expositions! We are excited to have you as a part of our fair family and look forward to working with you. Please complete the following application and someone from our Membership Department will contact you shortly after it is received.

1. Today's Date:

2. Company Name:

3. Please give a complete description of your business, including
(a) how long this company/individual has been in the business of serving the fair industry, and
(b) a list of the products and/or services that you would potentially provide IAFE members on a compensated basis.

4. How many employees does your organization have?

5. First and Last Name (and Suffix) of Manager or Primary Contact Person
(please include name and title):

6. Prefix of Manager or Primary Contact Person:

7. Name of President:

8. Mailing Address:

9. Telephone Number (please include number and type – business, cell phone, etc.):

10. Fax Number:

11. Web Site:

12. Organization E-Mail Address (the general e-mail address for your company, not an individual's e-mail; example: iafe@fairsandexpos.com):

13. Primary Contact's E-Mail Address (this e-mail address cannot be the same as the Organization E-Mail Address; this will be used for your online log-in):

14. What are you hoping to gain from your IAFE Membership:

Optional: Social Media

In order to promote better industry networking and communication, members have the option to enter in the URLs to their organization's social network pages.

15. Organization Facebook URL:

16. Organization Twitter URL:

17. Organization LinkedIn URL:

18. Organization Google+ URL:

19. Organization Flickr URL:

20. Organization YouTube URL:

21. Organization SlideShare URL:

22. If someone encouraged you to join the IAFE, please list his/her name and fair/company name here:

23. Name Person Completing Application (*please include name and title*):

Payment Information

All fees are payable in U.S. funds. Make check or money order payable to **IAFE**.

PAYMENT METHOD: Check Money Order Visa MasterCard Discover American Express

Name on Card: _____ Signature: _____ Billing Zip Code: _____

Credit Card Number: _____ Expiration Date: _____ CVV2/CVC Code: _____

It is our policy not to retain credit card information; therefore, once payment has been processed, this information will be destroyed.

Submit Application Form and Payment to: IAFE, 3043 E Cairo, Springfield, MO 65802