



**2020 NCAOAF Associate Membership
Renewal Application**
(NCAOAF membership dues are non-deductible)

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:

Carnivals \$500.00

All Others \$150.00

Method of Payment



Card# _____

Cardholder

Check # _____

Name _____

Expiration Date: _____

Address of Card _____

Mailing Address: NCAOAF, PO Box 58220, Raleigh, NC 27658
www.ncagfairs.org