



2025 NCAOAF Associate Membership Renewal Application

(NCAOAF membership dues are non-deductible)

MUST BE A MEMBER TO EXHIBIT

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



Check # _____

Card# _____

Cardholder Name: _____

Expiration Date: _____

Address of Card: _____

MAKE CHECKS PAYABLE TO: NCAOAF

ADDRESS: P.O. Box 158, Angier, NC 27501