



## WYOMING ASSOCIATION OF FAIRS

Criss Neiman, CFE, Executive Secretary

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Devils Tower, WY

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### MEMBERSHIP APPLICATION FOR SERVICE MEMBERS

Please read carefully and fill out completely. Make sure to sign and enclose your check or money order made out to WAF.

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE & FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIBE YOUR  
BUSINESS: \_\_\_\_\_

\_\_\_\_\_

2 REFERENCES OF FAIRS/EVENTS YOU HAVE SERVED:

\_\_\_\_\_

\_\_\_\_\_

**DUES ARE \$50.00 PER YEAR (US FUNDS)** Dues apply to the calendar year regardless of when they are paid. This is established so that all current year members can be included in ensuing year's directory on the website. Dues for the ensuing year must be paid by March 15<sup>th</sup> or membership will be dropped. Note that this time frame gives a member the privilege to one convention, directory listing on website and receipt of the newsletter 4 times a year.

Each service member in attendance must register for the convention and one person from tat membership may register as a voting delegate. Each membership may have one floor vote. No proxy votes are accepted.

A service member can hold office on the WAF Board of Directors by due election of the service members in attendance at the annual fall convention. Service member topics are always included on the program of the annual convention.

**SHOWCASING AT THE ANNUAL CONVENTION.** Talent individuals and talent agencies must be a member and have applied to be a member of WAF to participate in a convention showcase. However, any non-member talent requesting to showcase must apply for membership and be accepted as a member of WAF prior to consideration for showcasing privileges. The showcase chairman is in charge of all acts for a convention. Membership does not guarantee an appearance on the showcase.

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

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_