



ASSOCIATE MEMBERSHIP

HEARTLAND ASSOCIATION OF FAIRS, FESTIVALS & EVENTS

Please fill out the application and return it, with your membership dues, to the address below.

Name of Organization or Agency: _____

Name of Representative: _____

Address: _____ City/State/Zip _____

Office Number: _____ Cell: _____ Fax Number: _____

Email(s): _____ Website: _____

Nature of Business: _____

Please check **ONE** box of listing you prefer your business listed under in our Membership Brochure:

- Advertising/Ticketing/Other Media Awards, Ribbons, Promos Carnival Concessions
- Entertainment Insurance Staging/Sound & Lights Miscellaneous

- **Would you be interested in placing an ad in of our brochures or newsletter?**

Dates & Location Brochure _____ Newsletter _____ Other _____ *(information & prices will be sent to by email)*

- **Would you be interested in being contacted for sponsorship opportunities?**

Convention _____ Educational Sessions _____ Other _____

TOTAL ASSOCIATE MEMBERSHIP DUES: \$100 per year or \$160 for 2-year commitment.

_____ 2025 Membership (October 1, 2024 – September 30, 2025)

_____ 2026 Membership (October 1, 2025 – September 30, 2026)

_____ 2027 Membership (October 1, 2026 – September 30, 2027)

Total Enclosed \$ _____

Please email a logo file and provide a paragraph of information describing your business to be added to your listing on the website to secretary@heartlandassociationffe.com.

Please return this form with your check to: Heartland Association of Fairs, Festivals & Events

PO Box 181, West Fargo, ND 58078

THANK YOU FOR YOUR SUPPORT AND MEMBERSHIP!