



**Oregon Fairs Association
Service Member Application**

Company Name _____

Address _____

Email _____ Web Site _____

Phone Number(s) _____

Fax Number _____

Description of services provided to fairs (maximum of 50 words) _____

Type of Business (Check only one)

_____ Attraction/Show

_____ Talent Agency

_____ Sound/Lights/Promotions

_____ Carnivals/Rides

_____ Concession/Catering/Concession Supplier

_____ Posters/Printing/Tickets/Ribbons/Trophies/Supplies/Decorations/Equipment

_____ Special Services (Indicate type of service) _____

_____ Commercial Exhibitor

Contact Person _____

Signature _____ Title _____

\$100.00 Dues Must Accompany This Application

For payment by Visa or Mastercard, please provide the following information:

Card Number _____ Expiration _____

Name on Card _____

Signature _____

If paying by credit card, you may FAX to the OFA Office: (503) 587-8063 or mail to PO Box 771, Salem, OR 97308.