



The Professional Festivals & Events Association for California and Nevada
MEMBERSHIP APPLICATION

Name _____ Title _____

Organization or Company _____

Mailing Address _____

City/State/Zip _____

Phone(_____) _____ Fax(_____) _____

Email _____ Website _____

PLEASE CHECK ONLY ONE CATEGORY THAT BEST FITS YOUR ORGANIZATION

- Artist Artist Management Association Chamber of Commerce Consultant CVB Downtown or Main St. Assn. Facility/Site Event Planner/Producer Fair Festival/Event Organization Foundation Government Media Parade Parks & Rec Publication Rodeo Sponsor Sports Event Student University/Faculty Vendor/Supplier Volunteer Other _____

| Name of Your Event(s) | 2009/10 Dates | Website Address |
|--|---------------|-----------------|
| | | |
| | | |
| Use reverse side for description of event or additional events | | |

Dues are \$120/year for first member from organization; \$80 each additional member/same organization. Student membership: \$60. Student ID must be presented. Membership will renew on your membership anniversary date.

Add. Member _____ Title _____

Email _____

Add. Member _____ Title _____

Email _____

Add. Member _____ Title _____

Email _____

How did you learn about CalFest? _____

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Signature _____

Address to which card is billed _____

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For more information, please contact the CalFest office: Phone 530-583-5605 • Fax: 530-581-5101

Email: info@calfest.org • Website: www.calfest.org

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|----------------|----------|-----------|-----------|-----------|----------|-----------|-----------|----------|
| Org ID# | C | LG | EM | CC | W | LT | MD | D |
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