



Minnesota Federation of County Fairs
Associate Member Website Information

Type of Business (Check One)

1. Carnival _____
2. Concessions _____
3. Entertainment _____
4. Suppliers _____
5. Other _____

Due Date

Nov. 15, 2011

Please **TYPE OR PRINT** to insure accuracy in the program and on the website.

Name of Business _____

Website _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (including area code) _____

Fax Number _____

Email Address _____

Renewal or New Associate Member? Renewal _____ New Associate _____

If a renewal, is this information the same as last year? YES _____ NO _____

Mail completed form to:

Gail D. Johnson
18261 84th Ave. N
Maple Grove, MN
55311