

I.I.S.F EXHIBITOR MEMBERSHIP

AN ORGANIZATION DEDICATED TO THE BETTERMENT OF THE INDUSTRY

P.O. Box 3359

Riverview, FL 33568

**UNDERSTANDING THE REQUIREMENTS LISTED BELOW, THIS COMPANY DOES
HEREBY APPLY FOR EXHIBITOR MEMBERSHIP IN THE I.I.S.F.**

QUALIFICATIONS FOR MEMBERSHIP

Each applicant for the Foundation shall be affiliated with or recognized by the outdoor amusement business. All questions must be answered. Initiation fee and dues must accompany this application.

PLEASE TYPE OR PRINT

Date _____ Federal ID# _____

CAMPANY NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

TELEPHONE# _____ FAX# _____

In what capacity is this company recognized by the profession to be principally or exclusively engaged in the manufacture or sale of outdoor show commodities.

MANUFACTURER DISTRIBUTOR AGENT OTHER

Product Classification:

- | | | |
|--|---|---|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Coin-Op Machines | <input type="checkbox"/> Computer System/Software |
| <input type="checkbox"/> Concession Trailers | <input type="checkbox"/> Consultants | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Displays & Sets | <input type="checkbox"/> Canvas/Tents/Awnings | <input type="checkbox"/> Financing |
| <input type="checkbox"/> Food & Beverages | <input type="checkbox"/> Food Trailers | <input type="checkbox"/> Games & Devices |
| <input type="checkbox"/> Gifts/Novelties/Souvenirs | <input type="checkbox"/> Insurance | <input type="checkbox"/> Inflatables |
| <input type="checkbox"/> Kid Rides | <input type="checkbox"/> Lights/Lighting | <input type="checkbox"/> Major Rides |
| <input type="checkbox"/> Printing | <input type="checkbox"/> Security Equipment | <input type="checkbox"/> Service/Repair/Parts |
| <input type="checkbox"/> Sound Systems | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Trade Publication |
| <input type="checkbox"/> _____ | | |

ARE YOU A MEMBER IN GOOD STANDING IN ANY OTHER RELATED ORGANIZATION? YES NO

IF YES, PLEASE LIST: _____

ORGANIZATION NAME	CITY	PHONE
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HAVE YOU EVER APPLIED FOR MEMBERSHIP IN THE I.I.S.F.? YES NO (IF YES GIVE DATE) _____

CHECK MEMBERSHIP DESIRED

PLATINUM \$500.00

GOLD \$250.00

SILVER \$100.00

INITIATION FEE IS \$200.00 AND MUST ACCOMPANY APPLICATION.

I, The duly authorized representative of the organization shown, on behalf of said organization, request and agree to pay for exhibit space as assigned and accepted. Please sign and return.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

Account # _____ (Assigned by I.I.S.F.) Date _____ Receipt # _____ Amount \$ _____