



**WASHINGTON FESTIVALS & EVENTS ASSOCIATION
MEMBERSHIP APPLICATION**

Date: _____

Renewal New Member

Contact: _____

Title: _____

Organization Name: _____

Please check one that best describes your organization:

Festival/Event Event Planner/Producer Government Vendor/Supplier

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

2nd Rep Email (Newsletter): _____

Website: _____

- Membership Category**
- \$125
Individuals, out of state organizations or organizations with annual budget under \$100,000
 - \$155
Organizations with annual budget from \$100,000 - \$250,000
 - \$225
Organizations with annual budget greater than \$250,000

Committees I would be interested in participating in:
 Annual Convention Regional Seminars Membership Board

Method of Payment: Please make checks payable to WFEA

Check Credit Card

Card # _____

Name on Card: _____ Billing Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Signature: _____