



Membership Application

SFEA
PO Box 720152
Atlanta, GA 30358

Organization/Company: _____

Member Name: _____ Title: _____

Address _____

City, State & Zip _____

Phone _____

Email _____

Website _____

<p>*Please note your (3) largest events & their dates here *</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>

Addtl Member Name: _____ Title: _____

Address _____

City, State & Zip _____

Phone _____ Email _____

Addtl Member Name: _____ Title: _____

Address _____

City, State & Zip _____

Phone _____ Email _____

Membership Dues: Dues are renewed annually on the date of enrollment. Payment must be submitted with the completed membership application and is non-refundable.

Pricing: *Please submit your payment via the mailing address listed above or the fax number listed below*

Event, Festival or Organization (includes 2 members)	\$150	Each Additional Member	\$50
Vendor, Supplier or Agency (includes 2 members)	\$200	Each Additional Member	\$50
Student (please provide copy of student i.d.)	\$35		

Total Amount Enclosed \$ _____ (payable by Check or Credit – Visa or MC)

Check# _____ (Please make checks payable to SFEA)

Card # _____ Exp Date: _____ Validation Code (# on back of card) _____

Name on Card _____ (Please Print)

Billing Address (street, city, state, zip) _____

Authorized Signature _____ Date _____