



7194 Rosewood Circle, North Syracuse, New York 13212

MEMBERSHIP APPLICATION

(Please fill out carefully. Write legibly, print or type if possible. Complete information is necessary for the Association's permanent record file.)

Date _____

Name of Individual _____

Address _____

City _____ State _____

Postal Zip Code _____ Telephone _____

(Please include Area Code)

If you would like to receive your newsletter via e-mail please write your e-mail address here _____

If you own or manage a traveling carnival please list full name of carnival below:

APPLICATION FEE \$35.00
RENEWAL FEE \$30.00 ANNUALLY

Recommended for membership by:

To be signed by a NYSSA member when proposing someone for membership. It is not necessary however, for an applicant to be recommended by a NYSSA member.

In signing this application for membership I agree, if accepted for membership, to support the programs and activities of the NYSSA and to abide by its Code of Ethics.

Applicant's Signature

NOTE: Make certain that a check or money order for one years membership dues is enclosed.

Received of _____

\$_____ for one years application dues in NYSSA.

Signature of person signing on new applicant.

**DETACH AND GIVE
TO NEW APPLICANT**