



MEMBERSHIP APPLICATION & INVOICE

Please send application and payment to:
 CalFest • PO Box 7547 • Tahoe City, CA 96145
 530-583-5605 • calfest@sbcglobal.net

Name		Title	
Organization			
Mailing Address			
City		State	Zip
Phone	Cell	Fax	
Email		Website	
How did you hear about CalFest?			

Membership Fees: \$175 annually for organization & first member; \$225 for 2-5 members; \$275 for 6 members or more.

Additional Members Contact Information: (Consider additional staff, board members, volunteers)

Name		Title	
Email			
Name		Title	
Email			
Name		Title	
Email			
Name		Title	
Email			
Name		Title	
Email			
Name		Title	
Email			
Name		Title	
Email			

For CalFest Use Only

ID	C	LG	EM	CC	W	CAL	LT	D
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PLEASE CHECK ONLY ONE CATEGORY THAT BEST FITS YOUR ORGANIZATION OR BUSINESS

Festival, Association, Non-profit, Etc.

Association Chamber of Commerce CVB Downtown or Main St. Assn. Fair Festival/Event Organization Foundation Parade Parks & Rec Sports Event Student University/Faculty Government Volunteer Museum Other _____

Suppliers, Service Companies, Vendors, Etc.

Artist Artist Management Consultant Costumes Entertainer Event Planner/Producer Event Rentals Facility/Site Fireworks Flags & Banners Floats Inflatables Insurance Lighting Media Promotional Products Public Relations Restrooms Sponsor Tickets Website developer Vendor Other _____

Festivals and Events (Must be produced by CalFest member to be included on the CalFest calendar)

Name of Event	
2018 Dates	2019 Dates
Brief Description	
Location	Number of Attendees
Website	

Name of Event	
2018 Dates	2019 Dates
Brief Description	
Location	Number of Attendees
Website	

Name of Event	
2018 Dates	2019 Dates
Brief Description	
Location	Number of Attendees
Website	

Please list any additional events on a separate sheet including the same information as above

Suppliers, Service Companies, Vendors

Your contact information will be listed on the CalFest website. Please give a brief description of your products and or services: _____

Membership Fees:

One Member	\$175.00	
Two-Five Members	225.00	
Over Five Members	275.00	Total

<input checked="" type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Name on Credit Card		
Credit Card #		
Exp. Date	Security Code	
Billing Address		
City	State	Zip
Signature	Date	

Please make checks payable to CalFest • PO Box 7547 • Tahoe City • CA • 96145
For more information, please contact the CalFest office: Phone 530-583-5605 • Fax: 1-877-278-8096
Email: calfest@sbcglobal.net • Website: www.calfest.org

Please list other people or organizations that may be interested in learning more about CalFest:

Name of Organization _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name of Organization _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Thank You!