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## Colorado state Fair Foundation

**Member Registration**

**Alumni Buyers Group**

To become a new member or renew your current membership, please complete the membership form below and return to our office.

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|  | New Member |  | Current Member |

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| Member Information |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: | . | . | . | |  | Last | First | Company | | Address: | . |  | . | |  | Mailing Address |  | County | |  | . | . | . | |  | City | State | ZIP Code | | Telephone: | . | | Email: | . |  |  |  | | --- | --- | | How would you like to be referenced for donor recognition? | . | |  |  | |
| Payment Information |
| |  |  |  | | --- | --- | --- | | ***\*minimum $25*** |  | | | Enclosed is a check for $ | . | **Please make checks payable to: Colorado State Fair Foundation** | |   ***For credit card purchases, please provide information below or call our office at (719)404-2010*** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | VISA | |  | American Express | |  | |  | MasterCard | |  | Discover | |  | | Please charge my card for $ | | . | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Credit Card #: | . | Exp. Date: | . | Security Code: | . |  |  |  | | --- | --- | | Card Holder Signature: | . | |
| Mail completed form with payment to: Colorado State Fair Foundation, P.O. Box 2218, Pueblo, CO 81004 |

CSFF Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_