|  |  |
| --- | --- |
|  |  |

## 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.

|  |  |
| --- | --- |
|[ ]  New Member |[ ]  Current Member  |

|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_