



# Membership Application

SFEA

123 E. Broadway St. Ste. B Lenoir City, Tn. 37771

Organization/Company: \_\_\_\_\_

Member Name: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Addtl Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Addtl Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Referred By: \_\_\_\_\_ Organization: \_\_\_\_\_

**Membership Dues:** Dues are renewed annually on January 1. 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 sign up online.

Event, Festival or Organization (includes 2 members)	\$160
Vendor, Supplier or Agency (includes 2 members)	\$200
Student (please provide copy of student i.d.)	\$35

Please note your (3) largest events & their dates here.
1) _____
2) _____
3) _____

Yes! I would like to make a donation to SFEA's Annual Scholarship Fund in the amount of: \$25 or \$50 or \$100

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 \_\_\_\_\_