



Midwest Showmen's Association
Application for Membership

Remit to: P.O. Box 18204, West St. Paul, MN 55118-0204

The undersigned, a member in good standing, under the obligation of the Order, proposes membership in the Midwest Showmen's Association:

Name: _____ Phone: _____

Signature of Proposer: _____ Date: _____

Below: Questions to be answered by the Applicant (Please Print)

State your name: _____ Occupation: _____

Address: _____ City: _____ State: _____

State or Province: _____ Zip Code: _____ Phone: _____

How long have you been connected with the Amusement Business? _____

With whom and in what capacity? _____

Date of Birth: _____ Place of Birth: _____

I am a citizen of the: United States Canada (check one)

Are you a citizen of such country by: Birth or Naturalization (check one)

Date and place you were naturalized: _____

Do you anticipate any pecuniary benefits by becoming a member of this organization? _____

Do you know of any physical ailment or other matter that might cause you to become a burden upon this organization? _____

Give as references, two members in good standing, of the Midwest Showmen's Association, stating their names, the place of residence, and business of each.

Name: _____ Phone Number: _____ Business: _____

Name: _____ Phone Number: _____ Business: _____

In case of sickness, serious accident or death, whom do you wish notified?

Name: _____ Phone number: _____ Relationship: _____

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I promise and agree that if elected to membership in the Midwest Showmen's Association, I shall support the constitution and By-Laws of such Organization as they now exist and as they may be hereafter changed or amended: that I assume all obligations of the order that do not conflict with my duties to myself, my family, and the Organization. I further state that all statements and representations made by me in the above and foregoing application and true to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Initiation fee and Membership dues on back

This Application for Membership form must be completely filled out and all questions therein answered. After completion it shall be forwarded to the Association at **P.O. Box 18204, West St. Paul, MN 55118**, with the initiation fee of \$15.00 and the \$30.00 Membership fee for first year dues. Unless such application is fully completed and accompanied by the proper initiation fees and dues it will not be accepted.

Initiation Fee:	\$15.00
+ First year Membership Dues:	+ \$30.00
Total amount due with application	\$45.00

Total amount included with application: \$ _____

Make your check or remittance payable to Midwest Showmen's Association and mail to the above address

Below: To be completed by the Secretary

Application Accepted by

Secretary: _____

Date: _____

President: _____

Date: _____

Status	Date
Application of No.	
Date Application Received	
Date Application Posted	
Date Referred to Membership Committee	

Report of Membership Committee:

We, the undersigned, have investigated the above names applicant, and recommend that he/she be

Accepted or Rejected to Membership

Signature: _____

Date: _____

This application was acted upon by the Board of Directors of the Midwest Showmen's Association and said application was:

Elected Rejected

Status	Date
Initiated	
Suspended	
Expelled	
Demitted	
Resigned	
Deceased	

Entered: _____	
Fees: _____	Folio: _____