



# Midwest Showmen's Association

## Application for Membership

Mail to PO Box 18204 West Saint Paul, MN 55118-0204  
OR - scan and email to [midwestshowmen@gmail.com](mailto:midwestshowmen@gmail.com)

Must be a minimum of 18 years old to apply.

### Proposers Information:

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

Proposed By: \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Email: \_\_\_\_\_ Phone # \_\_\_\_\_

### Applicant Information: (Please Print Clearly)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a citizen of the United States or Canada - Yes \_\_\_\_\_ No \_\_\_\_\_

How Long have you been connected with the Amusement Business? \_\_\_\_\_

With whom and in what capacity? \_\_\_\_\_

Do you expect or anticipate any pecuniary benefits by becoming a member of this organization? \_\_\_\_\_

Provide two names of members in good standing of the Midwest Showmen's Association to serve as references. Include their name, phone number and business name.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Business \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Business \_\_\_\_\_

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 are representations made by me in the above and foregoing application and true to the best of my knowledge and belief. \_\_\_\_\_ **Initial**

There are a lot of opportunities to get involved in the organization. Please don't wait to be asked. If you are interested, talk to the committee chairperson and volunteer your services and ideas. If you are interested in joining one of these committees please check the line next to the committee name. If you have questions about the duties of one or more of the committees, please send an email to [midwestshowmen@gmail.com](mailto:midwestshowmen@gmail.com) with your questions or request to join.

- \_\_\_\_\_ Membership Services
- \_\_\_\_\_ Chaplains & Cemetery
- \_\_\_\_\_ Awards and Historical
- \_\_\_\_\_ Finance, Insurance & Taxes
- \_\_\_\_\_ Webpage & Facebook
- \_\_\_\_\_ Yearbook & Buyers Guide
- \_\_\_\_\_ Constitution & By-Laws
- \_\_\_\_\_ Hit the Road Party
- \_\_\_\_\_ Christmas Party
- \_\_\_\_\_ Open House - Convention
- \_\_\_\_\_ Hospitality Room - Convention
- \_\_\_\_\_ President's Banquet - Convention

This application for Membership form must be completely filled out and all questions therein answered. Unless such application is fully completed and accompanied by the proper dues it will not be accepted. Dues for 1 year of membership in the Midwest Showmen's Association are \$30 and renew on December 31st. **The dues of \$30 plus an initiation fee of \$15 for a total of \$45 are to be paid with this application and will not be prorated.** Make checks payable to **Midwest Showmen's Association** and mail to the address provided at the top of the application.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Below this line is to be completed by the secretary or chairperson of the Membership Services Committee**

\$ Amount included with the application? \_\_\_\_\_ Cash? \_\_\_ Check? \_\_\_ # \_\_\_\_\_ Credit Card? \_\_\_\_\_

Application Accepted by: \_\_\_\_\_

Position: \_\_\_\_\_ Date \_\_\_\_\_

Date presented to the membership and posted \_\_\_\_\_

Date voted on by the Board of Directors \_\_\_\_\_

Approved? YES \_\_\_\_\_ - or - NO \_\_\_\_\_

Signature of Secretary or Membership Services Chairperson \_\_\_\_\_

Print Name and Title: \_\_\_\_\_