

# NATIONAL SHOWMEN'S ASSOCIATION

PETER ZORLENZAN  
Secretary / Treasurer  
1467 Madison Street  
Elmont, NY 11003-1320  
Phone: 516-972-1744

For Office Use Only  
Payment Method: \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Membership # \_\_\_\_\_  
Date Approved \_\_\_\_\_

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## Membership Application

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**Please Print All Information**

**Date**.....

**Correct Name**.....

**Professional Name**.....

**Permanent Residence**.....**Telephone #**.....  
Street city state zip

**Business address**.....**E-Mail Address**.....

**Name & Address of nearest kin**:.....

**Are you married or single?**.....

**Date and place of birth**:.....

**Are you a veteran?**.....**Branch**:..... **Serial #**:.....

**Are you in business for yourself? If not, where and employed by whom?** .....  
.....

**How long have you been in the amusement business or any related enterprise?** .....

**State what your position is or was and with whom.** .....

**Are you a member of any amusement, social, or fraternal organization?** .....

I thoroughly understand that I am not entitled to and will not receive financial or pecuniary benefits of any sort or kind from the National Showmen's Association, Inc. and I hereby acknowledge and waive now or in the future any claim thereof.

The above application should be fully filled out by the applicant and accompanied by \$50.00 before same can be passed upon by the Eligibility Committee. \$45.00 for the first period dues and \$5.00 donation to the cemetery fund. Dues period runs from January 1 through December 31. You may elect to receive 5 years membership for \$200.00 saving \$50.00 or a life membership for \$500.00

I hereby certify that all the above statements are true and if my application is accepted, I agree to abide by the constitution and by-laws of the National Showmen's Association, Inc., and do all in my power to further its objects and principles.

**Applicant's signature (in own handwriting)**:.....  
Please sign name under which you wish to be known in this Association.

**Proposed By**: .....