

## California Attractions and Parks Association 2008 Membership Application

<b>Please send form and payment to:</b>  John Robinson CAPA 1201 K Street Suite 800 Sacramento, CA 95814	<b>1. PLEASE COMPLETE YOUR PERSONAL INFORMATION</b>
	Company _____
	Address (Year Round) _____
	City/State/Zip _____
	Contact Name: _____
	Professional Title/Position _____
	Telephone/Fax _____
	E-mail/Web site _____

<b>2. PLEASE SELECT THE APPROPRIATE MEMBERSHIP CATEGORY AND DUES LEVEL</b>
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**MEMBER**

Any firm or corporation engaged in the amusement or recreation business providing family amusement, recreation or entertainment at a permanently established location in the State of California.

Please indicate type of facility:

Amusement Park                     
  Theme Park                     
  Water Park                     
  Family Entertainment Center

In what year did your facility first open for operation? \_\_\_\_\_

Annual Membership Dues for amusement facilities are determined by public attendance using the schedule below (check one):

CATEGORY	ANNUAL PUBLIC ATTENDANCE	DUES	
I	Equal to or in excess of 3,000,000	\$27,500	<input type="checkbox"/>
II	Equal to or in excess of 1,500,000	\$11,000	<input type="checkbox"/>
III	Equal to or in excess of 750,000, but less than 1,500,000	\$8,500	<input type="checkbox"/>
IV	Equal to or in excess of 250,000, but less than 750,000	\$5,500	<input type="checkbox"/>
V	Less than 250,000	\$1,100	<input type="checkbox"/>

**ASSOCIATE MEMBERSHIP**

- *Out of State Facility* – Any firm or corporation engaged in the amusement or recreation business providing family amusement, recreation or entertainment at a permanent established location out side the State of California
  
- *Related Industry* - Any firm, entity or individual engaged in the broader family entertainment or recreation industry, not defined by California Permanent Ride Regulations, such as zoos, aquariums, museums, historical sites or other attractions.
  
- *Vendor/Supplier* - Any entity or individual engaged in manufacturing, designing or selling equipment, services or supplies to the amusement ride industry, or who provides legal services to owners or operators of permanent amusement rides.
  
- *Individual* – A former employee of an amusement facility or an individual engaged in the development of an amusement facility. Individual memberships are NOT transferable to any other individual, and only the individual who is registered has access to CAPA benefits.

First year of operation \_\_\_\_\_ Product or service you provide to the industry \_\_\_\_\_

Associate Member Designation (please check one)	DUES	
Out of state facility	\$1,000	<input type="checkbox"/>
Related Industry	\$1,000	<input type="checkbox"/>
Vendor/Supplier	\$ 650	<input type="checkbox"/>
Individual	\$ 500	<input type="checkbox"/>

<b>4. PLEASE SELECT A METHOD OF PAYMENT</b>
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Date \_\_\_\_\_ Amount paid \_\_\_\_\_

Check (Payable to CAPA)

Credit Card                     
  Amex                     
  MasterCard                     
  Visa                     
  Discover

Account number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_