



RWIFO

ROCHESTER WEST INDIAN FESTIVAL ORGANIZATION, INC.

PO BOX, 64551

ROCHESTER NY 14624

585-234-0909

Email: rwifo@rwifo.com

Membership Application Form

NAME: _____

ADDRESS: _____

Phone #: _____ **Email Address:** _____

SPOUSE'S NAME: _____

Names and Ages of Children: _____

TYPE OF MEMBERSHIP:

Family () Individual () Student () Founding Member ()

QUALIFICATION FOR MEMBERSHIP:

Birth () Heritage () Marriage () Other () _____

Annual membership dues are \$30 individual, \$50 family (member with spouse) and \$20 for founding members and students 15 -21 years old. Payment must accompany your membership application.

Please check committees of interest:

Scholarship () Pageant () Advertising/ Marketing/Fundraising ()

Food () Entertainment () Special Event ()

As a member of the Rochester West Indian Festival Organization, Inc., I promise to adhere to the rules specified by the bylaws of the organization.

SIGNATURE: _____ **DATE:** _____