



Rochester
West Indian
Festival Organization, Inc.

P.O. Box 40245, Rochester, NY 14604

Membership Application Form

NAME: _____

ADDRESS: _____

Phone #: _____ Email Address: _____

SPOUSE'S NAME: _____

Names and Ages of Children:

TYPE OF MEMBERSHIP: Family () Individual () Student () Founding ()

QUALIFICATION FOR MEMBERSHIP:

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

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: _____

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 () Entertainment () Special Events ()
Food () Advertising/ Marketing/Fundraising ()

For more info. please call 585-234-0909 or visit our website at www.rwifo.com