



RWIFO

ROCHESTER WEST INDIAN FESTIVAL ORGANIZATION, INC.

MEMBERSHIP APPLICATION

Name: _____ DOB: _____ (MM/DD)

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

Gender: () Male () Female Marital Status: () Single () Married

- If married, Spouse's Name: _____

How many children in household: # _____

Name of children/ages in household: _____

Membership Qualification: () Heritage () Birth () Marriage

Country of Heritage: _____

Membership Fees Type of membership: () Individual () Family () Student

Single Membership \$30

Student Membership (ages 15-21) \$20 () Founding Member

Family Membership \$50
(Member & spouse)

Have you been a member before? () Yes () No Year(s): _____

Indicate with a check mark the committee(s) you would most likely be interested in serving on.

() Education	() Fundraising/Sponsorship	() Finance	() Entertainment
() Membership	() Public Relations/Social media	() Carifest	() Other _____

Payment method: () Cash () Credit () Check () Money Order

Credit card: () Visa () Master Card

Name of account holder: _____

Account #: _____ Exp. Date: _____ CVV #: _____

As a member, I agree to be governed and abide by the By-Laws of the Rochester West Indian Festival Organization, Inc.

For Official Use Only
Date received: _____
Date approved: _____

Signature _____ Date: _____

Mail Application and Fees to: RWIFO, Inc., Attn: Membership, P.O. Box 64551, Rochester NY, 14624