



of the Tonawandas, Inc.
P.O. Box 1243
North Tonawanda, NY 14120

MEMBERSHIP APPLICATION FORM

Organizations and individuals who participated in two (2) previous Canal Fests, and who joined before Canal Fest '95 were granted Charter Membership status with full voting rights. New participants will be granted Associate Membership with no voting privileges until they have successfully participated for two (2) years.

Name of Applicant: _____

Please Check: _____ Concession _____ Information Booth _____ Event

Contact Person: _____ **Phone:** _____

Address: _____

Alternate Contact: _____ **Phone:** _____

- 1) Briefly describe the concession, information booth or event your organization is applying to sponsor for Canal Fest. _____

- 2) Estimate the booth or space dimensions required: _____

- 3) How many volunteers would work on this concession/event each year? _____
- 4) Was your organization a member in previous years? Yes/No (circle one)
If yes, list the years: _____
- 5) List or describe the community services your organization has provided during each of the past two (2) years: _____

Submit this form along with a membership fee of \$10 to the address above