



CONFIDENTIAL

AFRICAN-AMERICAN EDUCATIONAL & CULTURAL FESTIVAL, INC.

P.O. BOX 1730

RIVERHEAD, NEW YORK 11901

(631) 208-1739

AAECF MEMBERSHIP APPLICATION

A. BASIC INFORMATION

Last Name, First Name, Middle

Address

City County State Zip Code

() ()

Mobile Number Home Number Fax Number

E-mail Address

Date of Birth (mm/dd/yyyy)

B. SPONSOR TO MEMBERSHIP (must be a member in good standing*)**

Name: Phone Number :

C. PRESENT EMPLOYER/BUSINESS

Company Name / Your Role/Title/Position

Address

City /County /State/ Zip Code /Country

() ()
Work Number /Fax Number

Type of Business/Industry Work/ E-mail Address



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D. EDUCATION

DEGREE/ Major Area of Study SCHOOL/ UNIVERSITY/TRADE SCHOOL

E. BUSINESS AND PROFESSIONAL AFFILIATIONS (Within the last 5 years)

NAME POSITION HELD PERIOD OF SERVICE

F. COMMUNITY AND CIVIC AFFILIATIONS

NAME POSITION HELD PERIOD OF SERVICE

G. AWARDS AND RECOGNITIONS

TITLE OF AWARD ORGANIZATION DATE

H. COMMITMENTS

1. What contributions have you made within your professional affiliations?

2. What contributions have you made to your community or through your civic affiliations?

I. RESOURCES AND SKILLS

What resources and special skills are you willing to share with the AAECF, Inc to help advance its goals and programs?

(i.e., outreach, health & wellness, advocacy, financial, commitment, networking, etc.)



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J. AREA(S) OF INTEREST (Check all areas of interest)

- Fund Development
- By-Laws/Policies and Procedures
- Health & Wellness
- Education
- Advocacy
- Arts & Cultural Affairs
- Grants and Foundations Signature Events (Fundraising)
- Corporate Relations Membership
- Mentoring (Young Men?)
- Mentoring (Young Women?)
- Curating
- Public Relations
- Marketing & Advertisement
- Entertainment
- Administrative Services
- Social Media
- Event Planning
- Computer Technology
- Security

ANY AREA OF INTEREST NOT LISTED?

K. SIGNATURE OF COMMITMENT (required)

By submitting this signed application, I am expressing my interest in becoming a member of African American Educational and Cultural Festival, Inc (AAECF, Inc). If accepted for membership, I will support this organization through my presence and contributions to its programs and activities. I will further adhere to the organization's bylaws, policies, and procedures while respecting the leadership and promoting sisterhood. I also consent to a background check.

Applicant's Signature

Date



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L. PUBLICITY RELEASE *(required)*

If accepted to become a member of the African American Educational and Cultural Festival, Inc. ("Organization"), I understand that the Organization may use images and sound recordings of Organization activities in local, national, and/or international media including, but not limited to, printed materials, Organization websites, videos, and television broadcasts. I further understand that I may appear in photographs, video recordings, and voice recordings (collectively "Images") taken by Organization or third parties. Therefore, I give permission for Organization to use such Images of me in accordance with these provisions. For purposes that support of Organization's mission, I give Organization the right to use, publish, reproduce, modify, adapt and distribute Images at any time in any manner or medium, including without limitation use in print materials, presentations, the Internet, television, mailed promotions, exhibits, and press releases. I understand that my name, photograph, voice, or likeness may be used for all promotional purposes related to Organization and its sponsors and beneficiaries. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. I understand that I will receive no payment will for the use of the Images. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns and legal representatives. I agree, for myself, my heirs, executors and administrators, now and in the future, to not sue, and to release, indemnify and hold harmless, Organization, staff, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in Organization and related activities, including use of the Images – whether it results from the negligence of any of the above or from any other cause. I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that by signing this Waiver and Release of Liability, I am waiving substantial legal rights, including the right to sue, and knowing this, I sign it of my own free will.

Applicant's Signature Date