

# NEW YORK FEDERATION OF CONTEST JUDGES

## APPLICATION FORM

Name \_\_\_\_\_

Street \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Captions Interested In \_\_\_\_\_

**Please provide a resume' of your audio / visual background.**

**Please provide a resume' of your professional background.**

**Please provide a letter of recommendation from a Federation Member in good standing**

**The above should be mailed along with the \$15.00 Associate Membership Fee to:**

**Lindsay Scott - Johnson**

**NYFCJ**

**16 Spring St**

**Cuba, NY 14727-1219**