



Check  the type of membership you are applying for:

- A. Incorporated Association: a voting membership for incorporated associations
- B. Non-Incorporated Association: a voting membership for non-incorporated associations (i.e. performing groups)
- C. Individual Member: a voting membership for an individual who is 18 years or older
- D. Associate: a non-voting membership for an individual

### Section 1: All member types (A, B, C, & D.) must complete this section

Association Name: \_\_\_\_\_  
(if applying on behalf of an organization)

OR

Individual - First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(for individual membership only)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section 2: Membership Roles - only fill out this section if you are applying for

#### A. Incorporated Associations, B. Non-incorporated Associations or D. Associate

*Folklorama Membership holds various member titles that are used to distribute the monthly e-newsletter (Llama Tales) and events to your association/performing group:*

**a. President** - This person is the main contact for your membership. The President is in charge of making changes to the member list and keeping it up to date. The President will receive correspondence such as: membership renewal invoices, Llama Tales, information regarding special events with Folklorama.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**b. Delegate** - The Delegate will receive a copy of all correspondence sent to the President and is responsible to inform, forward and send Folklorama correspondence to the proper person in your organization. The Delegate is the voting member of your organization and should keep up to date with membership activities in order to cast a well-informed vote. In the event that the Delegate is unable to attend a Folklorama meeting, the Delegate must communicate Folklorama activities to the Alternate Delegate (see Part C) who will assume the Delegate's responsibilities.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2 – continued**

**c. Alternate Delegate** - The Alternate's role is an important one. In the absence of the Delegate, the Alternate **MUST** attend Folklorama membership meetings and cast an informed vote on behalf of the member organization. In general, the Alternate's responsibilities are the same as those of the Delegate. The Alternate should endeavour to attend all meetings with the Delegate and keep well informed of Folklorama activities with regard to their member organization. *(Alternate cannot be the same individual as the President or Delegate.)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**d. Cultural Arts Contact** - Folklorama is a resource to the public regarding cultural diversity. When requests for information come in to Folklorama (i.e. what are Ukrainian Christmas traditions) we in turn call the Cultural Arts Contact person for this information. This person is an integral part of a networking system designed to educate people about other cultures. This person should be considered an expert on their culture and may be asked to return calls or channel information back to those requesting information.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**e. Youth Liaison** - The Youth Liaison should be someone that is actively involved in your organization, preferably between 16 and 25 years of age. The Youth Liaison may be asked to participate in activities that facilitate the development of youth programming within the greater membership of the Folklorama.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: 16-25 25+

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**f. Getting to know your incorporated association - please answer the following questions:**

1. Is your association incorporated or name registered with the Province of Manitoba?

No Yes - if yes, submit copy with application

2. What year was your association founded?

Year: \_\_\_\_\_

3. Does your association have a Board of Directors?

No Yes - if yes, submit Board names/positions

4. Does your association have a Mission Statement, Constitution, or specific Goals and Objectives?

No Yes - if yes, submit a copy

5. How many members does your association currently have?

# Members: \_\_\_\_\_

**g. Folklorama Pavilion:** Only an **incorporated** organization may apply for a Folklorama pavilion licence. Also, as per the Board of Directors "A Sponsoring organization must be a member in good standing of the Folklorama for **ONE** year prior to applying to host a pavilion." Please indicate if your organization might be planning to apply for a Folklorama pavilion licence in the future.

No Yes

**Section 3: Only fill out this section if you are applying to perform with Folklorama Talent**

**a. Talent Contact:** The person in this position is the contact person for all possible performance booking inquiries made by the Folklorama Talent team. All correspondence regarding bookings is done solely with this individual and cheques (honorariums for performances) are mailed directly to this contact person (unless otherwise specified). Note: all performing groups are advised to meet with the Talent team to discuss performances and become better acquainted with Folklorama Talent procedures prior to becoming members.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 4: All member types (A. B. C. & D.) must complete this section**

**a. How did you hear about Folklorama? (check all that apply)**

- Been involved with a Folklorama pavilion
- Involved with a member organization
- Attended Folklorama
- Other: \_\_\_\_\_

**b. Why do you want to join Folklorama? (check all that apply)**

- Networking opportunities
- Llama Tales (monthly e-newsletter)
- Want to volunteer with Folklorama
- Want to become involved with an ethno-cultural community
- Want to be represented by Folklorama Talent. (i.e. for bookings)
- Want the opportunity to sponsor a Folklorama Pavilion
- Other: \_\_\_\_\_

**Section 5: All member types (A. B. C. & D.) must complete this section**

**a. Declaration**

All information given in this application is true and correct. I/we have read and understand the bylaws, rules and regulations of Folklorama. (see attached). If my/our membership is approved I/we hereby agree that I/we will abide by such bylaws, rules and regulations of the Folklorama as may be in effect from time to time.

Note: All NEW applications for membership must be approved by the Folklorama Board of Directors. I/we hereby agree to the Board's unfettered discretion and authority to deny membership to any applicant.

Dated at Winnipeg this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
*day of month month*

Member Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature 2 (Required for incorporated organizations) \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name 2 \_\_\_\_\_

Title (President required for organizations) \_\_\_\_\_ Title 2 (preferably Treasurer) \_\_\_\_\_

**b. Membership Fees - check your member type and submit the fee with your membership application**

- A. Incorporated Association - submit **\$60** fee for new members (\$40 renewal fee due each year by Dec 15)
- B. Non-Incorporated Association submit **\$60** fee for new members (\$40 renewal fee due each year by Dec 15)
- C. Individual Member -submit **\$60** fee for new members (\$40 renewal fee due each year by Dec 15)
- D. Associate - submit **\$30** fee for new members (\$20 renewal fee due each year by Dec 15)  
Youth (age 12-25) submit **\$15** fee for new members (\$10 renewal fee due each year by Dec 15)

**c. Submit Your Application** - Please return your membership application along with accompanying documentation to:

*Folklorama*  
Attn: *Membership*  
2nd Floor – 183 Kennedy Street  
Winnipeg, MB R3C 1S6

**Remember to Include:**

- Membership fee
- If applying for **A. Incorporated Association** or **B. Non-Incorporated Association** membership refer to Section 2.f - submit copies if indicated.
- If applying for **C. Individual** or **D. Associate** memberships, please include a biography (personal and professional) along with two reference letters.

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**Privacy Statement:** Folklorama collects personal information from members for the following reasons: to keep you informed about and enhance our products and services; to process memberships, donations, program registrations, rentals and purchases; and, in the case of volunteers, to send invitations to training sessions, recognition events and for scheduling purposes. Folklorama understands the importance of keeping your personal information confidential. Folklorama is committed to protecting the confidentiality of the personal information that you provide and is dedicated to upholding confidentiality obligations as outlined in the Personal Information Protection and Electronic Documents Act.

If anyone requires clarification as to how to interpret this Code, or would like access to their personal information or to amend such information contact:  
Folklorama, Attn: Rachelle Tabor, 2<sup>nd</sup> Floor– 183 Kennedy Street, Winnipeg MB R3C 1S6 or phone: 204-982-6213.



