

NEW YORK FEDERATION OF CONTEST JUDGES

APPLICATION FORM

Name _____

Date _____

Street _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Email _____

Occupation _____

Caption(s) Interested in Judging _____

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

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

The above should be mailed along with the **\$20.00** check (*payable to: NY Federation of Contest Judges*) Associate Membership Fee to:

Carrie Nelson

NYS Federation

11 Claridge Court

New Hartford, NY 13413

Once you are officially carded you will need to make a yearly Membership Dues payment of \$40.00 and you will receive your NYS Federation Judges Badge that needs to be worn at shows.