

Resolution Committee Memoriam

Since the last Convention, if a director, worker, or member of your Fair organization has passed away, please fill out the information below. All pictures must be sent in a digital format.

Email this form to: Mark St Jacques, NYSAAF@gmail.com by January 1st.

Name: _____	Age: _____
Was he/she active in the Fair at the time of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">• If so, in what capacity? _____• If retired or served previously, what position was held? _____	
Number of years involved with the Fair: _____	
Active in the NYS Association of Fair/IAFE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, in what capacity? _____	

Any additional information: _____	

List three words to describe: _____	

A copy of the Memorial Resolution will be mailed to the deceased closest family member.	
Name/Address: _____	

Fair: _____	County: _____