# 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.**

Name: _____ Age: _____

Was he/she active in the Fair at the time of death? Yes No

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? Yes No

If so, in what capacity?_____

_____

Any additional information:

_____

_____

List three words to describe the individual::

_____

_____

_____

A copy of the Memorial Resolution will be mailed to the deceased closest family member.

Name/Address:_____

Fair: _____

County:_____

**Email this form to: Jennifer Lawrence at NYSAAF@gmail.com by January 1.**