

Elmira Maple Syrup Festival
24 Church Street West
PO Box 158
Elmira, Ontario, N3B 2Z6
Canada



2025 Committee Membership Application Form

Thank you for your interest in joining our Elmira Maple Syrup Festival committee membership. Our committee membership plays a vital role in promoting our vision and increasing our presence and impact on our community. EMSF activity recruits new committee members and they are appointed at the Annual General Meeting held traditionally in September. We welcome individual applicants with suitable skills and experience to help us grow our services in the community.

Please email completed form to info@elmiramaplesyrupfestival.com or submit to:

Elmira Maple Syrup Festival
PO Box 158
24 Church Street West
Elmira, Ontario, N3B 2Z6

A) Applicant Contact Information

Name

Address

City/Town

Province

Postal Code

Birthdate

Phone Number

Cell Phone

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24 Church Street West
PO Box 158
Elmira, Ontario, N3B 2Z6
Canada



519-669-6000
www.ElmiraMapleSyrupFestival.com
[Info@ ElmiraMapleSyrupFestival.com](mailto:Info@ElmiraMapleSyrupFestival.com)

B) Applicant Questions

1. What motivates you to become a committee member for the Elmira Maple Syrup Festival?

2. What special qualifications and / or skills would you bring to the committee?

3. Please describe your past committee experience

(including the types of committees on which you have participated)

4. Please describe your understanding of a committee member's role with Elmira Maple Syrup Festival?

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C) Board of Governance

Committee memberships seek a complementary balance of knowledge, skills and experience at the governance level. Please identify those areas you are interested in and if you have a basic or advanced competency

Governance Categories	Interested	Basic	Advanced
1. Community Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Governance and Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Government/Political Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Healthcare Administration/Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Public Relations/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Quality/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Real Estate/Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other (please specify): _____			

D) Sub Committee

Would you be interested in joining one of the sub committees?

	Yes	No
1. Finance	<input type="checkbox"/>	<input type="checkbox"/>
2. Governance	<input type="checkbox"/>	<input type="checkbox"/>
3. Executive	<input type="checkbox"/>	<input type="checkbox"/>
4. Vendor	<input type="checkbox"/>	<input type="checkbox"/>

E) References

1st reference: _____

Relationship: _____

Telephone: _____

Email: _____

2nd reference: _____

Relationship: _____

Telephone: _____

Email: _____

F) Resume

Please attach a current resume to your application.

By submitting this application and resume, I declare that:

- I meet the eligibility criteria and accept the conditions of nomination as delineated.
- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the committee membership for this non-profit corporation complies with the Bylaws of the Organization. I also understand that acceptance as a committee member includes joining the membership of the organization.

APPLICANT NAME: (please print)

APPLICANT SIGNATURE:

DATE OF APPLICATION:
