

**ANOKA HALLOWEEN, INC.  
MEMBER REGISTRATION FORM**

Anoka Halloween, Inc. encourages the participation of volunteers who support our mission to deliver a family-friendly festival to the greater Anoka area. If you agree with our mission and would like to be a voting member of Anoka Halloween, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

This membership form needs to be completed annually. Your Membership Term is for one calendar year. This form, however, needs to be **completed between October 1 thru Oct 31st to be eligible for the following year.**

**PERSONAL INFORMATION:**

*(You must be 18 years of age or older to become a member.)*

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ *Please check preferred method of contact*

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

\*If there is more than one member per household you will each need a separate email to vote.

**VOLUNTEER INTERESTS:**

What are your areas of interest?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share your personal reasons for becoming an Anoka Halloween, Inc. member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*You will be asked to attend at least two Committee Meetings to be an eligible voting member. Voting members nominate and vote for Board Members.

**CONSENT TO COLLECTION AND DISCLOSURE**

I understand that Anoka Halloween, Inc. will be collecting, creating, using and disclosing my personal information, with internal members for the purpose of establishing and managing a member relationship. I consent to Anoka Halloween, Inc. doing so, and to the collection of use of my personal information in order to ensure the safety of Anoka Halloween, Inc. members, stakeholders, and customers, for statistical purposes, and to inform me about Anoka Halloween, Inc. events.

APPLICANT SIGNATURE

DATE

**Please return this form by October 31st to one of the options below or bring to a committee meeting. If you are mailing it, it must be postmarked by October 31st.**



Anoka Halloween, Inc. is an all-volunteer committee  
501©3 #41-1476683  
P.O. Box 128, Anoka, MN 55303  
Secretary@Anokahalloween.com

