



To: Prospective Tournament of Roses Association Members

Thank you for your interest in our association. We are a nonprofit organization of volunteers dedicated to staging the Rose Parade and Rose Bowl Game to the delight of millions of parade and game viewers and for the benefit of Pasadena area communities.

We welcome all candidates for membership who are willing and able to diligently give their time to promoting and producing the world's greatest floral pageant and the "Granddaddy" of the Bowl games.

As a new member you should anticipate spending about 30-40 hours per year on committee work, mostly during the last few weeks of each year.

Before applying, please understand that we expect you will make this a long-term commitment and that, if accepted as a member, you will be required to:

- Pay annual dues of \$55 - \$100, depending on Member Level.
- Purchase a white suit and accessories (approximately \$100 to \$300).
- Participate in several assignments throughout the year.
- Work on New Year's Eve and New Year's Day.

In addition, it is hoped you will:

- Participate in the work of the other committees who may need additional personnel from time to time.
- Support Tournament of Roses membership activities.

Unfortunately, we cannot represent that applying assures membership, as there are more applicants than openings each year.

We have 935 active members in the association, any of whom would be pleased to talk with you about their experiences or answer questions you have. If you are not acquainted with a member, please contact Membership Services at 626-449-4100.

We look forward to reviewing your application.

MEMBERSHIP CRITERIA

SOME MAJOR FACTORS CONSIDERED BY THE TOURNAMENT OF ROSES MEMBERSHIP COMMITTEE IN SELECTING NEW MEMBERS:

1. Two reference letters from persons who may or may not be Tournament of Roses members.
2. Location of employment or residence must be within 15 miles of Pasadena City Hall.
3. Must be at least 21 years of age and no more than 64 years of age prior to the third Thursday in January in the calendar year.
4. Be prepared to work New Year's Eve and New Year's Day.
5. Reputation for integrity, reliability, dependability, commitment, and dedication.
6. Ability to devote the time and effort to perform the designated task at the time required.
7. Interest in volunteering/commitment to community service, as evidenced by involvement in professional, civic, service, political, and community organizations.
8. Applicant's statement of reason for wishing to join the Tournament of Roses.

**APPLICATION FOR VOLUNTEER MEMBERSHIP
MEMBERSHIP POLICY**

Membership in the Pasadena Tournament of Roses Association is established by the bylaws and subject to vacancies and the needs of the organization.

The Tournament of Roses considers applicants for volunteer membership without regard to race, color, religion, sex, national or ethnic origin, marital status, disability or sexual orientation.

Applicants must be at least 21 years of age, and no more than 64 years of age by the third Thursday of January in the year the application is considered.

Applicants must live or work within 15 miles of Pasadena City Hall.

ALL MEMBERS APPLYING FOR VOLUNTEER MEMBERSHIP IN THE PASADENA TOURNAMENT OF ROSES MUST BE AWARE OF THE SIGNIFICANT COMMITMENT OF THEIR TIME, THE INVESTMENT OF ANNUAL MEMBERSHIP DUES AND THE PURCHASE OF A WHITE SUIT AND ACCESSORIES. ALL MEMBERS MUST PARTICIPATE IN COMMITTEE MEETINGS AND ASSIGNMENTS, AND BE PREPARED TO WORK NEW YEAR'S EVE AND NEW YEAR'S DAY.

Applicants must provide two reference letters from any persons with whom they are acquainted. Reference letters must accompany this application and include name, address, and phone number of the writer. A personal interview is required of all applicants.

Applications will not be considered until all requirements have been met. Return completed applications to: Membership Committee, Pasadena Tournament of Roses, 391 S. Orange Grove Blvd., Pasadena, CA. 91184. Applicants will be contacted by telephone.

(Please Print)

FULL NAME _____

(first) _____ *(preferred, or nickname)* *(m.i.)* *(last)*

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ EMAIL _____

DATE OF BIRTH _____ YEARS IN AREA _____
month day year

(OVER)

TELL US HOW YOU HEARD OF THIS APPLICATION PROCESS:

NEWSPAPER_____ TOURNAMENT MEMBER_____ OTHER_____

OCCUPATION_____

EMPLOYER_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

TELEPHONE_____

POSITION_____

YEARS WITH COMPANY_____

Community Activities (Professional, Civic, Service, Political and Community Organizations, Offices and Activities):

Special Interests, Skills and Hobbies (include any languages besides English):

Tournament of Roses members with whom you are acquainted (if related, include relationship):

Applicant's statement of reason for wishing to join Tournament of Roses:

I have read and understand the membership criteria and certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant_____ Date_____

MEMBERSHIP IDENTIFICATION RECORD

The following information is voluntary, and is used only for the purpose of maintaining accurate records and membership statistics.

Name _____ Date _____

Male _____ Female _____

Please Check One:

- a. _____ African American
- b. _____ American Indian
- c. _____ Armenian
- d. _____ Asian/Pacific Islander
- e. _____ Caucasian
- f. _____ Hispanic/Latin
- g. _____ Other (Please Specify) _____

National Origin _____