

Krewe of Good Times

408 Primrose Dr.
Sulphur, LA 70665



www.kreweofgoodtimes.com

Becky Benoit, President
(337) 263-3854

INDIVIDUAL MEMBERSHIP APPLICATION

Each member must fill out their own application

(PLEASE PRINT)

Full Name: _____ Date of Birth : _____

Mailing Address: _____

Employer: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: Married _____ Single: _____ Anniversary, if married (M/D/YY): _____

If Married, is your Spouse joining also? YES or NO (**SPOUSE WILL NEED THEIR OWN APPLICATION!**)

Name of Spouse: _____

Please list any children living at home. (list additional on back)

Name	Sex	Birthdate (M/D/YY)	Name	Sex	Birthdate (M/D/YY)

INCLUDE ANNUAL MEMBERSHIP DUES OF \$150.00 WITH APPLICATION (\$30 NSF FEE)

If your application is not accepted, your payment will be returned to you.

Once your application is accepted, membership dues are non-refundable.

By signing below, you agree to abide by all rules set forth by the Board of Directors in the Krewe By-Laws. You also agree that in the event, you choose to leave the Krewe or you are dismissed from the Krewe, for any reason, you will not receive a refund, in any amount, for your membership dues.

Applicant's Signature: _____ Date of Application: _____

Referred by (must be an existing krewe member): _____

Please mark if you would like to participate on a committee or are interested in being a Co-Chair:

	Member	Co-Chair		Member	Co-Chair
Historical:	<input type="checkbox"/>	<input type="checkbox"/>	Gumbo Cookoff:	<input type="checkbox"/>	<input type="checkbox"/>
Children's Krewe:	<input type="checkbox"/>	<input type="checkbox"/>	Annual Ball:	<input type="checkbox"/>	<input type="checkbox"/>
Summer Social:	<input type="checkbox"/>	<input type="checkbox"/>	Mardi Gras Court:	<input type="checkbox"/>	<input type="checkbox"/>
Halloween Bash:	<input type="checkbox"/>	<input type="checkbox"/>	Float/Parade:	<input type="checkbox"/>	<input type="checkbox"/>

KREWE USE ONLY

Application Received: _____

Date Voted: _____

Accepted: _____ Denied: _____

Amt Paid: _____ Check # _____ Cash: _____

Welcome Pack Mailed: _____

Please submit application and payment to:

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