



The Krewe of Armeinius

P.O. Box 56638
NEW ORLEANS, LOUISIANA 70156-6638
www.kreweofarmeinius.com

APPLICATION FOR MEMBERSHIP

(please print)

Name: _____

Address: _____

Email: _____

Telephone: _____

Age\Birthday: _____

Occupation: _____

Length of Local Residency: _____

Former Krewe/Club Affiliations: _____

Drag Name: _____

(it is strongly suggested that you fill this in rather than letting us do it for you)

I declare that I am a gay male, eighteen years or older and that I fully understand that upon acceptance into the Krewe of Armeinius, I am responsible for the annual dues of **\$360.00** payable in full or in monthly installments of at least **\$30.00** with the total to be paid in full by the close of the January meeting. I also understand that my membership is on a fiscal year schedule starting with the first meeting after the ball. A good faith deposit of **\$60.00** is included with this application. I understand that if I am accepted as a member this deposit will be credited toward my yearly dues and if rejected, my deposit will be returned in full. Prospective members will be voted on at the first business meeting following the submission of this application. You will be notified of the krewe's decision by mail. If accepted you will receive a copy of the krewe bylaws, a new member orientation guide, krewe roster and the most recent krewe newsletter. Resignation from the krewe is allowed at any time in accordance with the bylaws.

Applicant's Signature: _____ Date: _____

Sponsoring Member's Signature: _____

Signatures of five other krewe members:

1. _____
2. _____
3. _____
4. _____
5. _____

If you have no sponsor, please mail your application to our P.O. Box or email to Captain@kreweofarmeinius.org and you will be contacted about your application to our krewe.