

APPLICATION FOR MEMBERSHIP

(The Membership Committee requires letters of recommendation from two sponsors to be attached to this form upon submission.)

Regular Membership: 35 Years and Older - Initiation Fee (due with application) - \$ 500.00; Annual Dues - \$ 1,050.00

Intermediate Membership: 21 - 34 Years Old - Initiation Fee - \$ -0-; Annual Dues - \$ 735.00

Out of State Membership: 21 Years and Older- Initiation Fee - \$ 0; Annual Dues - \$ 262.50

LAST NAME: _____

MALE APPLICANT FIRST NAME: _____ MI _____

DRIVER'S LICENSE # _____ BIRTHDATE ____ / ____ / 19 ____
(admission to certain events requires DL#)

EMAIL _____ CELL (Opt) () _____

BUSINESS OR PROFESSION _____

POSITION HELD & LENGTH OF TIME _____

BUSINESS PHONE - () _____ FACSIMILE - () _____

EDUCATION _____

AWARDS _____

MEMBERSHIP IN BUSINESS OR COMMUNITY GROUPS _____

MEMBERSHIPS IN SOCIAL ORGANIZATIONS _____

FEMALE APPLICANT FIRST NAME: _____ MI _____

DRIVER'S LICENSE # _____ BIRTHDATE ____ / ____ / 19 ____
(admission to certain events requires DL#)

EMAIL _____ CELL (Opt) () _____

BUSINESS OR PROFESSION _____

POSITION HELD & LENGTH OF TIME _____

BUSINESS PHONE - () _____ FACSIMILE - () _____

EDUCATION _____

AWARDS _____

MEMBERSHIP IN BUSINESS OR COMMUNITY GROUPS _____

MEMBERSHIPS IN SOCIAL ORGANIZATIONS _____

RESIDENCE ADDRESS _____ CITY _____ ZIP _____

TELEPHONE () _____ FACSIMILE - () _____

MAILING ADDRESS (If different) _____ CITY _____ ZIP _____

AGE GROUP (35-40) (41-45) (46-50) (51-55) (56-60) (Over 60) TAMPA RES. (Yrs.) _____

(See other side)

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FULL NAMES OF CHILDREN BIRTHDATE SEX

- 1. _____
- 2. _____
- 3. _____
- 4. _____

FRIENDS IN KREWE _____

KREWE SPONSORS: #1 _____ #2 _____

SPONSORS LETTERS RECEIVED: #1 ____/____/____ #2 ____/____/____

KOV EVENTS YOU HAVE ATTENDED:

NAME OF EVENT DATE ____/____/____

NAME OF EVENT DATE ____/____/____

NAME OF EVENT DATE ____/____/____

NAME OF EVENT DATE ____/____/____

APPLICANT SIGNATURE DATE ____/____/____

APPLICANT SIGNATURE DATE ____/____/____

BOARD APPROVAL:

YES _____ MEMBERSHIP YEAR: _____

NO _____ REASON _____

SIGNATURE _____ DATE ____/____/20____

PRESIDENT OF KREWE OF VENUS