



433 North Broad Street – New Orleans, Louisiana 70119
www.armeinuis.org

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Phone: _____

Email: _____

Age & Birthday: _____ Length of Local Residency: _____

Occupation: _____ Shirt Size: _____

Former & Current Krewe & Club
Affiliations: _____

Drag
Name: _____

(We strongly suggest that you fill this in rather than letting us do it for you!)

*I, the undersigned, certify that I meet the following requirements:
I am at least 18 years of age and I am a man who identifies as gay; I have no outstanding dues or debts to the Krewe; and I have not resigned from the Krewe of Armeinuis more than twice before.
I understand and agree to the following:
I agree to pay annual dues of \$500, to be paid in full upon acceptance of the application. A good faith deposit of \$100 accompanies this application, which will be applied towards my annual dues. If my application is not accepted, the deposit will be returned in full. Membership applications are subject to a vote of the full membership and I will be notified whether or not my application has been accepted as soon as possible following the vote.*

Applicant's Signature _____ Date _____

Sponsoring Member's Signature _____

Signatures of Five Other Krewe Members:

