



433 North Broad Street – New Orleans, Louisiana 70119

[www.armeinus.org](http://www.armeinus.org)

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_ Birthday Month: \_\_\_\_/Day: \_\_\_\_ Length of Local Residency: \_\_\_\_

Occupation: \_\_\_\_\_

Former & Current Krewe & Club Affiliations: \_\_\_\_\_

Drag Name: \_\_\_\_\_ Annual Dues \$175 ☐ \$500 ☐ \$1000 ☐ (check box)

(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 21 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 Armeinius more than twice before.*

*I understand and agree to the following:*

*I agree to pay annual dues of \$175, \$500, or \$1000 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 from the full membership, and I will be notified whether 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:

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**Membership dues must be paid in full by December 15th to be eligible for Bal Masque table seats offered to members before public sale.**