

THE KREWE OF HYACINTHIANS

LADIES CARNIVAL CLUB, INC., P. O. Box 1313, Houma, LA 70361-1313

www.hyacinthians.org

APPLICATION FOR MEMBERSHIP

The undersigned hereby applies for membership into the Ladies Carnival Club, Inc. I certify that I am at least 21 years of age at the time of this application. **I understand that a non-refundable application fee of \$100.00, payable to the Ladies Carnival Club, Inc. must accompany this application.** If I am accepted into the club, I understand that this fee is to be applied to the first year's dues. Should applicant not be approved for membership by the Board, the fee shall be refunded. However, should applicant decline membership when offered, the \$100.00 fee will not be refunded. I understand that this application must be mailed, **(one application per envelope)** along with the required application fee. **The envelope should be addressed to the club and the return address should also be the club. "Membership" should be written on the bottom right corner of the envelope. Nothing else should be written on the envelope.** I agree to abide by the Constitution, Policies and By-Laws as set forth by the Club and to follow the rules and regulations promulgated by the Board of Directors and/or the general membership. I also agree to pay all indebtedness due to the Club within the time frame designated by the Board of Directors and/or the general membership. No refunds of dues will be given to any member.

I further understand that there may be risks involved in participating in club sponsored events. I agree to release, hold harmless and indemnify the club, all of its members, officers and agents from responsibility for any damages, injuries, and/or accidents which may result as a consequence of participating in club sponsored events.

NAME OF APPLICANT: _____ SINGLE _____ MARRIED _____

NAME OF HUSBAND _____

DATE OF APPLICATION: _____ AGE AT TIME OF APPLICATION: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID. THIS IS MANDATORY!!!!!!

MAILING ADDRESS: _____

TELEPHONE HOME: _____ CELL: _____

EMAIL ADDRESS: _____

Have you ever been a member of this club in the past? If so, when and why did you leave?

NON-REFUNDABLE APPLICATION FEE OF \$100.00 IS ENCLOSED HEREIN
*** Note: If you would like to pay by credit card, please add a \$15.00 processing fee.**

Credit Card # _____ Exp. Date _____ Sec. Code _____

Float Preference #1: _____ Float Preference#2: _____

Sponsor Signature: _____ Sponsor Signature: _____

APPLICANT SIGNATURE: _____