NAVARRRE KREWE OF JESTER MEMBERSHIP APPLICATION

NAME: _____ _____ DOB: _____

(Last) (First)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home:_____ Cell: _____

EMAIL ADDRESS: _____

TYPE OF MEMBERSHIP: General Membership $50.00 yr _____

Associate Membership $125.00 yr _____

General Membership requires that you actively participate on a committee and attend meetings regularly

Associate Membership entitles you to participate in all activities (i.e. parades, parties etc) without attending meetings and being on a committee

Applicants must be the age of 21. Anyone under the age of 21 may not attend Krewe of Jester functions other than family activities.

By signing this application I agree to all the conditions in the Navarre Krewe of Jester by-laws.

_____ _____

(Signature) (Date)

Mail checks to:

Navarre Krewe of Jesters

PO Box 5879

Navarre, FL 32566