

Application for Z Krewe Membership

NAME: _____ BIRTHDAY: (MO/DAY): _____

(Men's Size) Satin Jacket Size: _____ 50/50 Polo Shirt Size: _____ Name on each: _____

ADDRESS: _____
Street City State Zip code

TELEPHONE: (HOME): _____ (WORK): _____

CELL PHONE: _____

EMAIL: _____ (FAX): _____

The following **two krewe** members have agreed to sponsor me for membership: **Signature of member is required.**

_____ / _____

Please circle any of the following committees on which you would be interested in helping:

Membership / Social *Z Ball* *Royalty* *Steering Committee* *Auction* *Public Affairs*
Zestival *Z Processional* *Pancake Day*

I understand that this application must be submitted in order to be placed on the waiting list. Membership is subject to approval of the Z Krewe Executive Board.

Upon acceptance I will pay my dues of **\$225.00 plus a one-time \$125.00 initiation fee for a total of \$350.00**. The initiation fee will cover the cost of the official krewe jacket and shirt. **Send no money at this time.** Fees will be collected from you after our formal request for you to join Z Krewe.

The annual dues shall be two hundred twenty-five dollars (\$225.00) per year per Regular member and one hundred and seventy-five (\$175.00) per Ambassador member. The Treasurer will bill all members March 1 of each fiscal year. All dues are to be paid in full, no later than the first general meeting in June. On or soon after the first meeting in June, the Treasurer shall notify members, in writing, who are in arrears, and those whose dues are not paid by June 30 shall be automatically dropped from membership in the Krewe unless, a written special agreement is submitted by a member to the current Treasurer. Both must be signers on the arrangement. The amount of the annual dues includes a Ball ticket and a Krewe Patch for the member. The Krewe has a No-Refund policy for dues and member event tickets are non-transferable.

I also agree not to hold Z Krewe, any of its members, officers, directors, contractors or sponsors liable for any personal injury or liabilities incurred throughout my participation in any of its activities. My signature below attests to all of the above, and to the integrity of the information contained in this application.

Signature: _____

Date: _____

Mail Application to:

Grace Perez, Z Krewe Membership Chair, 1281 El Camino Village Dr Houston TX. 77058

For questions you may call Grace at 281-480-8820 or email at grace-p@sbcglobal.net

-APPLICATION MUST BE ON FILE TO BE PLACED ON THE WAITING LIST-