



KREWE OF TRITON

APPLICATION FOR MEMBERSHIP

Due April 1, 2019

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

LENGTH OF TIME AT CURRENT ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____

BUSINESS/COMPANY AND OCCUPATION _____

COMMUNITY INVOLVEMENT _____

SPOUSE'S NAME _____ DATE OF BIRTH _____

SPOUSE'S EMAIL _____

<p style="text-align: center;">APPLICATION TYPE</p> <p><input type="radio"/> NEW MEMBERSHIP*</p> <p><input type="radio"/> RENEWAL</p>	<p style="text-align: center;">MEMBERSHIP FEES</p> <p><input type="radio"/> KREWE DUES \$ 500</p> <p><input type="radio"/> KING'S CLUB \$ 200</p> <p><input type="radio"/> QUEEN FEE \$ 3,000</p> <p><input type="radio"/> DUKE FEE \$ 800</p> <p><input type="radio"/> MAID FEE \$ 800</p> <p><input type="radio"/> PAGE FEE \$ 400</p> <p><input type="radio"/> DUKE'S CLUB (Past Dukes Only) \$ 45</p>	<p style="text-align: center;">SQUAD COLOR</p> <p><input type="radio"/> DIAMOND</p> <p><input type="radio"/> GOLD</p> <p><input type="radio"/> GREEN</p> <p><input type="radio"/> PASTY WHITE</p> <p><input type="radio"/> PURPLE</p> <p><input type="radio"/> RED</p>
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Please contact me about being on a committee or serving the Krewe in another capacity.

Payment information (All credit card payments are additional 3%)

TOTAL AMOUNT \$ _____ CHECK No. _____

*Make checks payable to Krewe of Triton,
PO Box 51757, Lafayette, LA 70505*

CREDIT CARD # _____ EXP DATE _____ SECURITY CODE _____

****New Membership Applications: Please fill out the following to be considered for approval***

DO YOU HAVE A RELATIVE THAT IS A MEMBER? _____

IF SO, NAME _____

SPONSORING TRITON MEMBER NAME _____

SPONSORING TRITON MEMBER SIGNATURE _____ DATE _____

New member candidates must have a sponsoring Krewe member.