



Krewe of St. Andrews, Inc. Membership Application

This is Official Membership Application to the Krewe of St. Andrews. Upon recommendation of the Membership Committee, applicants must complete orientation and be approved by the Krewe Board before becoming an official member. Members must be 21 or older.

NAME: _____
(First MI Last) (Preferred name for your namebadge)

ADDRESS: _____
(Street, City, State, Zip)

PHONE: (Home): _____ (Work): _____ (Cell): _____

BIRTH DATE: _____ **ANNIVERSARY:** _____ **EMAIL:** _____
(mm/dd/yy) (mm/dd/yy)

A Little Known Fact about Me: _____
(Something Everyone Doesn't Know About You)

* Please note: E-Mail is the Krewe primary means of communication. If you do not have email a volunteer member will phone you regarding events.

The annual fee for each member is two hundred dollars (\$200.00) and is non-refundable.

MAKE CHECKS PAYABLE TO: KREWE OF ST. ANDREWS, INC. or KOSA.

FORWARD CHECKS AND APPLICATIONS TO:

Krewe of St Andrews, Inc.
P.O. Box 16791
Panama City, FL 32406-6791

Check the Committee(s) you are interested in serving on:

- Fundraising PR Social Membership
 Photography/Historian Merchandise Float/Parade

Please indicate your hobbies, skills, and interests: _____

SPONSORED BY: _____

For Membership Committee Use Only – DO NOT WRITE IN THIS SPACE	
Date received: _____	Amt paid: _____ Cash/Ck#: _____
Orientation Meeting: _____	Approval Date: _____