



2009/2010 MEMBERSHIP APPLICATION

I Hereby Request Application/Renewal for Membership in

KREWE OF THE BLACK SWAN

I agree to abide by the Constitution of the Krewe and at all times to work for the betterment of the organization.

I agree to pay such fees and assessments as may be requested for my membership as indicated below.

Full Member: \$500.00 *

One-half of the fees (\$250) will be due by July 1 with this application. The balance will be due by October 31. The balance of the dues may be less than \$250 but will not be greater.

This membership is for the period of July 1, 2009 through June 30, 2010.

I understand that if my fees are not paid by January 1, I may be removed from the krewe roster.

Please fill in any missing information.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
email:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>
Birth Month/Day:	<input type="text"/>

Return to:
Krewe of the Black Swan
3808 Dr. M.L.K. Blvd East
Tampa, FL 33610