

KREWE OF S'IRISER
PROSPECTIVE MEMBERSHIP APPLICATION

Membership Year 2020-2021

Name: _____ Nickname: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:(Home) _____ (cell) _____

Email: _____

Birthday: _____ Spouse's Name: _____

Are you a Charter Member (since 2004)? Yes ___ No ___

Are you a returning Member? Yes ___ No ___ If so, what year did you join? _____

If you are a new prospective member, did someone refer you? Yes ___ No ___

If Yes, who? _____

If NO, how did you hear about us? _____

Reasons for joining: _____

Level of Membership you wish to apply for? Full Member Parasol Troupe

SIGNATURE: _____ DATE: _____