



JOIN THE KREWE OF GEMINI

Membership Application

(DO NOT fill this app out if you are already a member)



Full Name: _____
Address: _____
City/State: _____ Zip: _____
Cell Phone: (self) _____
Birth Date: (self) ___/___/___ (mm/dd/year)
Work Phone: (self) _____

Email: (self) _____
Spouse: _____
Email: (spouse) _____
Cell Phone: (spouse) _____
Birth Date: (spouse) ___/___/___ (mm/dd/year)
Work Phone: (spouse) _____

Table with 3 columns: FULL MEMBER (\$355), SOCIAL MEMBER (\$255), CHILDREN RIDERS (\$75). Includes descriptions of membership benefits and checkboxes for application types.

I/We understand that joining the Krewe of Gemini will require the non-refundable payment of the designated dues and fees noted above upon acceptance. The Krewe of Gemini prohibits underage drinking. Any member found to be in violation will be subject to being immediately denied continued membership. Upon submission of this application, I/We agree to abide by all Krewe of Gemini rules and regulations.

(5% Credit Card Processing Fee will be added to above fees for Members choosing to pay in full via credit card.) PLEASE PRINT CLEARLY!
Includes fields for VISA, MC, Discover, AmEx, Other, ACCOUNT NO, EXP. DATE, SECURITY CODE, BILLING ZIP CODE, PRINT NAME AS APPEARS ON ACCOUNT, SIGNATURE OF CARD HOLDER.

Complete this section if you are also making application for Children Riders:
Name: _____ Birth Date: _____ Grade at Time of Parade: _____
Name: _____ Birth Date: _____ Grade at Time of Parade: _____
Name: _____ Birth Date: _____ Grade at Time of Parade: _____

Sponsoring Member(s) Name(s): _____

MAIL APPLICATION WITH PAYMENT TO: Krewe of Gemini
Angela Brakeville - Membership Chairman
627 Lake Forbing Drive
Shreveport, LA 71106