NAVARRRE KREWE OF JESTER
MEMBERSHIP APPLICATION

(Please Print Legibly)

NAME: _____ _____ DOB: _____
(Last) (First)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____

EMAIL ADDRESS: _____

TYPE OF MEMBERSHIP: General Membership $60.00 yr _____

Associate Membership $125.00 yr _____

General Membership requires that you actively participate on a committee and attend meetings regularly

Associate Membership entitles you to participate in all activities (i.e. parades, parties etc) without attending meetings and being on a committee

Applicants must be the age of 21. Anyone under the age of 21 may not attend Krewe of Jester functions other than family activities.

By signing this application I agree to all the conditions in the Navarre Krewe of Jester by-laws.

_____ _____
(Signature) (Date)

Mail checks to:
Navarre Krewe of Jesters
PO Box 5879
Navarre, FL 32566

Information provided on this form will be included in the Krewe Roster provided to all Krewe members unless requested otherwise.

Optional Information: Please list information on hobbies, if you own a business or special talents you have that you can offer the Krewe:

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Qui Non Stultus