

Krewe de l'Ecore
(A Non-Profit Organization)
Return to: Any Board Member

Date received: _____

Date: _____

Name: _____

Address: _____

E-Mail: _____

Telephone Numbers: _____

Children's Name(s)	Age	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We understand Krewe membership consists of **Forty-five Members** and all applications are numbered as received. Acceptance into the Krewe is upon openings available after March 31st. Dues are non-refundable.

We accept all terms and conditions and will adhere to all terms and conditions set forth in the by-laws of Krewe de l'Ecore. (By-laws available on the website or upon request.)

Signature

Signature

Member References: _____
