

TERRE CARNIVAL CLUB, INC.
KREWE OF TERREANIANS
P. O. BOX 504
HOUMA, LOUISIANA 70361

MEMBERSHIP APPLICATION

- New Member
 Renewing Member

2007 – 2008

Please read, complete both sides and return this form with your check or credit card information.
Membership will be assigned on a space available basis. **WITHDRAWAL OF YOUR APPLICATION AFTER JULY 1, 2007 WILL RESULT IN THE FORFEITURE OF \$100.00.**

ANNUAL MEMBERSHIP DUES – PAYMENT OPTIONS

- \$400 TOTAL PAYMENT OR \$100 DEPOSIT (due by April 1st) BALANCE \$300 (due by July 1st)
 \$450 TOTAL PAYMENT (July 2nd to November 1st)
 \$400 NEW MEMBERS (Until November 1, 2007)

(PLEASE TYPE OR PRINT)

NAME _____ DATED OF BIRTH: _____

MARRIED (Circle One) YES NO WIFE'S FIRST NAME: _____

HOME ADDRESS _____ CITY, STATE _____ ZIP _____

BUSINESS NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ CITY, STATE _____ ZIP _____

SEND MAIL TO: (Circle One) HOME BUSINESS

TELEPHONE: RESIDENCE _____ BUSINESS _____

CELL PHONE _____ E-Mail Address _____

FLOAT PREFERENCE: 1ST _____ 2ND _____

ALL MEMBERS MUST PURCHASE \$400 IN CARNIVAL THROWS/SPECIALTY ITEMS OR OPT OUT FOR \$100 BY NOVEMBER 1, 2007. I agree to abide by the Article of Incorporation, the By-Laws and the rules and regulations which may be promulgated from time to time by the Board of Directors of the Terre Carnival Club, Inc. and the Terrebonne Parish Consolidated Government. Membership in the Terre Carnival Club is open to men of the age of 21 and over.

I further agree to hold Terre Carnival Club, Inc., its directors and officers harmless and indemnify them against liability for any claims, damages or injuries that I may have or suffer arising out of my membership in the Terre Carnival Club, Inc. or my participation in its activities or occurring on its property, movable or immovable, even if caused by the fault of the persons so indemnified. This indemnity shall include expenses of litigation and attorney fees.

SIGNATURE _____ DATE _____

RECEIVED BY SECRETARY _____ APPLICATION NO. _____

IF NEW MEMBER APPLICATION THE FOLLOWING SIGNATURES ARE REQUIRED

RECOMMENDED OF SPONSOR MEMBER IN GOOD STANDING _____

RECOMMENDED OF FLOAT CAPTAIN _____

RECOMMENDED OF OFFICER OR BOARD MEMBER _____

VISA/MC/DISCOVER (Circle One) # _____ EXP. DATE _____

DATED APPROVED _____

KREWE OF TERREANIANS

Post Office Box 504
Houma, Louisiana 70361

NAME: _____

FLOAT CAPT: _____

1. CHEST _____
2. WAIST _____
3. INSEAM _____
4. SLEEVE LENGTH _____
5. NECK _____
6. HEAD _____
COAT SIZE _____
HEIGHT _____
WEIGHT _____
NOTE: #6-From center of back of neck to wrist bone.

