

Krewe of Olympus - Texas Inc.

P.O. Box 920794, Houston, TX 77292-0794

Membership Application

Date received: _____

Check amount: _____

Check number: _____

Please print this form, complete all information (please print), and mail with a **\$25 non-refundable membership application fee** to the address above.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone (optional): (_____) _____

Cell Phone (optional): (_____) _____ Partner's Name (optional): _____

E-mail address (optional): _____

Birthday (month/day): ____/____ Referring Krewe Member: _____

Please send my newsletter by: Email U.S. Postal Service (check one)

Please include me in the Krewe email notification group. YES NO (check one)

The following information is requested to help the Ball Captain and the committee chairpersons know how you might be involved in the Krewe.

Occupation: _____

Social/Theatrical Affiliations: _____

Please mark all areas in which you have experience or would be interested in participating

Fundraising / Publicity Ad sales

Script writing

Designing / sewing / embellishing costumes

Designing / building sets and floats

Finding / editing music

Dance / Choreography

Backstage

Electrical / lighting

Makeup / hair design

Planning social activities

Upon completion of the prospective membership period (three-months minimum), you will be voted on for full membership. If accepted, you will then pay the full annual membership dues for the year in which you are voted into full membership. Also, you will not receive full membership privileges until that time. The annual dues are currently \$200 and are subject to change.

NOTE: A person who submits an application on or after September 1st is considered a prospective member, but is not eligible to be voted into full membership until the following fiscal year.