



Krewe of Eve

P.O. Box 967

Mandeville, Louisiana 70470-0967

2016 – 2017 RETURNING MEMBER FORM

PLEASE WRITE LEGIBLY, FILL OUT COMPLETELY AND ATTACH PAYMENT.

Name _____ Occupation _____

Mailing Address _____

City _____ State _____ Zip _____

Single _____ Widow _____ Married _____ Husband's Full Name (Mr./Dr.) _____

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

Cell (_____) _____ E-mail Address _____

Date of Birth _____ You must complete for insurance reasons in order for your membership form to be processed. Failure to comply could result in delays and possible loss of your membership for the year.

***NOTE* You must be 21 or older to join our Krewe or between the ages of 18 and 21, your mother is a member of our Krewe, you ride on your mother's float and attend all Eve functions with her.**

Indemnity/Release Agreement

I, the undersigned agree and do hereby release THE KREWE OF EVE, INC., their Officers, representatives, and volunteers from any liability for the injury or harm to myself which may occur as a result of my participation in their Mardi Gras Parade. I have been informed of all necessary safety precautions and have been advised that there can be no guarantee that my participation in the parade is entirely risk free. I, therefore, agree to assume the risk of any injury which may occur to me.

Wherefore, said member of THE KREWE OF EVE, INC. hereby agrees that it has been explained to her all rules and regulations governing behavior and hereby agree to follow these rules and regulations. In consideration of approval as a member I assume all risks associated with participation in the parade and associated activities and agree to release THE KREWE OF EVE, INC., its Officers, agents, and members from any and all damages or losses sustained by myself as a result of my participation in the parade and related activities.

As a member of the Krewe of Eve, I have read and been informed about the content, requirements and expectations of the City of Mandeville Ordinance, Section 11-136E, which states: (A) No participant of a Carnival/Mardi Gras Parade shall ride as a masker in public view, on a float unless that person is constantly costumed and masked so as to disguise his/her facial characteristics. I have received a copy of the Parade Rules and agree to abide by them as a condition of my membership in the Krewe of Eve.

I have read this document, or it has been read and explained to me and I understand fully and completely all of the terms and provisions thereof.

I understand that there are no refunds given on any membership dues, court fees, or any other purchases related to The Krewe of Eve, Inc. This includes any situations involving Acts of Nature, decisions by the Officers of the Krewe of Eve, Inc., the city of Mandeville, and/or the Mandeville Police Department.

Name _____ Date _____
(Please Print)

Signature _____

NAME OF FLOAT LIEUTENANT _____

COSTUME INFORMATION — Jogging Suit Size. Be sure to order correct sizes and allow for layering.

Top _____ (S, M, L, XL, XXL) Bottom _____ (S, M, L, XL, XXL)

_____ I have white sweat pants from a previous year and will not need to order a new pair.

DINNER DANCE T-SHIRT - _____ (S, M, L, XL, XXL, 3XL, 4XL)

*******DUES ARE NOT REFUNDABLE*******

_____ **I prefer to pay my dues in full (\$550.00) by cash or check in full.**

Members who pay in full by April 1, 2016, will receive a Krewe cloisonné.

_____ **I prefer to pay my dues (\$578.00) by VISA, MASTERCARD or DISCOVER which includes a \$28.00 convenience fee. Dues must be paid in full with charge option.**

MASTERCARD _____ VISA _____ DISCOVER _____

Exp. Date _____ Security Code _____ Zip Code _____

Name on Card _____

Card No. _____

Signature _____

_____ **I prefer to pay my dues (\$575.00) on the installment plan, which includes a \$25.00 processing fee.**

A late fee of \$10.00 will be assessed past the due date.

<u>Date Due</u>	<u>Amount</u>	<u>Date Due</u>	<u>Amount</u>
4/01/2016	\$155.00	7/15/2016	\$140.00
5/15/2016	\$140.00	9/15/2016	\$140.00

If dues are not paid in full by September 15th my name will be dropped from the membership.

Enclose check or charge card information with completed form and mail to:

The Krewe of Eve, P O Box 967, Mandeville, LA 70470-0967.

_____ I am interested in being more involved in the Krewe of Eve. I am interested in helping with the parade, dinner dance, membership, Krewe costumes, publicity, socials, throws or logo shirts.

MEMBERSHIP WAITING LIST — Name of friends who are interested in joining the Krewe of Eve.

Name _____

Address _____

City, State, Zip _____

RESIGNING MEMBER PLEASE SIGN HERE.

I am unable to rejoin at this time. Note: According to our by-laws you must notify the Captain or Treasurer of your intent not to return by the first General Membership Meeting held after the current years' parade.

Signature _____ Date _____