



*Krewe of Eve*  
P. O. Box 967  
Mandeville, Louisiana 70470-0967

**2011 – 2012 NEW MEMBER FORM**

**PLEASE WRITE LEGIBLY, FILL OUT COMPLETELY AND ATTACH CHECK.**

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.**

**RECOMMENDED BY** (Krewe Member) \_\_\_\_\_

**REFERENCES** (Business or Social) \_\_\_\_\_

**NAME OF FLOAT LIEUTENANT** \_\_\_\_\_

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

Top \_\_\_\_\_ (M, L, XL, XXL) Bottom \_\_\_\_\_ (S, M, L, XL, XXL)

**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.

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 \_\_\_\_\_



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

<u>Date Due</u>	<u>Amount</u>	<u>Date Due</u>	<u>Amount</u>
4/01/2011	\$230.00	7/15/2011	\$130.00
5/15/2011	\$130.00	9/15/2011	\$130.00

\_\_\_\_\_ I prefer to pay my dues in full (\$600.00) by April 1, 2011 and receive a Krewe cloisonné.

\_\_\_\_\_ I prefer to pay my dues on the installment plan. A late fee of \$10.00 will be assessed past the due date.  
If dues are not paid in full by September 15<sup>th</sup> my name will be dropped from the membership.

**Payment Options:**

\_\_\_\_\_ Pay dues by check. Mail check with completed form to The Krewe of Eve, P.O. Box 967,  
 Mandeville, LA 70470-0967

\_\_\_\_\_ Pay dues now on-line either in full or installment option using Pay Pal with \$15.00 handling fee.

\_\_\_\_\_ Pay dues by VISA or MASTERCARD and mail charge card information with completed form to  
 The Krewe of Eve, P.O. Box 967, Mandeville, LA 70470-0967

**Dues must be paid in full with mail in charge option.**

MASTERCARD \_\_\_\_\_ or VISA \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card No. \_\_\_\_\_

Signature \_\_\_\_\_