**APPLICATION FOR MEMBERSHIP**

**KREWE OF YBOR**

The mission of the **Krewe of Ybor** is to recognize, perpetuate, celebrate, and enhance the cultural diversity of the Ybor

City National Landmark Historic District.

**Please print:**

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Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional experience and community involvement:

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Why are you interested in becoming a member of the Krewe of Ybor?

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How would you like to be involved with the Krewe of Ybor?

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Name of sponsoring member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of sponsoring member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Application will not be accepted without signature of sponsoring member

Membership dues $350.00 annually per member.

\*Membership Fees are due upon approval of application and are renewable in June annually. (Membership Fees do not include the cost of

costumes. Krewe costumes are mandatory to participate in any parade.)

I hereby submit this voluntary application for membership with the Krewe of Ybor and agree to abide by all Krewe By-laws and Code of

Ethics, which will be provided to me upon acceptance of application. I also understand that all applications are reviewed and approved

within 30 days of receipt of application. Upon acceptance of membership, I agree to submit annual membership fees as required within,

10 days of Acceptance Letter from the Krewe.

Signature of applicant Date of application

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**Krewe of Ybor, Inc.**

**PO Box 5746, Tampa, FL 33675**

*Visit us at: www.KreweOfYbor.com*