



Ye Mystic Krewe of the Santa Margarita

Application for Membership

2357 Ashmore Dr., Clearwater, FL 33763 ♦ (727) 560-4743
Membership@kreweofsantamargarita.com

Name: _____
Last First Middle

Email Address : _____

Address: _____

City: _____ State: _____ Zip: _____

Phones:
(H) _____ (M) _____ (B) _____

Occupation/Employer: _____

Business URL: _____
◀ COMPLETE for Family or Corporate Memberships ▶

Spouse's Name: _____

Spouse's Email: _____

Children's Names: _____ DOB: __/__/____
_____ DOB: __/__/____
_____ DOB: __/__/____

Previous Krewe Memberships? ___ Yes ___ No

Name of Krewe(s) _____

Please include me in the Krewe on-line directory: ___ Yes ___ No

Voting Sponsoring Member: _____

Required Sponsor Signature: _____

Membership Types

Application Fee*

- Single -\$50.
- Single Plus -\$50.
- Family - \$50.
- Corp Principle \$100.
- Corporate Associate

* NON-REFUNDABLE fee must be included with application.

1st Year Initiation Fees

(Due upon acceptance)

- Single - \$375.
- Single Plus - \$600.
- Family - \$600.
- Corporate - \$1,300

Annual Dues

(Due upon acceptance and annually thereafter)

- Single - \$375.
- Single Plus - \$600.
- Family - \$600.
- Corporate - \$1,300.

Please mail application & fee to:
**Ye Mystic Krewe of the
Santa Margarita
2357 Ashmore Dr.
Clearwater, FL 33763**

Krewe Use

Rcv'd: _____

Approved: Yes No

Date: _____

By: _____

I hereby submit this voluntary application for membership with Ye Mystic Krewe of the Santa Margarita and agree to abide by all By-laws and Policies, which will be provided to me upon membership acceptance. I understand that membership applications are reviewed and approved within 30 days of submittal. Upon my acceptance, I agree to submit all applicable membership fees within 30 days of my notification.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____