



Krewe des Bons Amis
 605 Panhandle Road
 Dequincy, LA 70633

www.krewedesbonsamis.com



APPLICATION FOR MEMBERSHIP

The following member has agreed to sponsor me : Signature of member is required.
 Name: _____
 Signature: _____ Date: _____

Prospective Member:

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Primary Phone Number: _____
 Secondary Phone Number: _____
 Email: _____
 D.O.B. _____
 Children's name & DOB _____ * _____

Please circle any of the following committees on which you would be interested in helping:
 Social * Bons Amis Ball * Fundraising * Phone * Float
 Historian / Scrapbook * Ball Decorating

Dues will be one hundred dollars (\$100) annually for all members. DUES MUST BE PAID BY March 31.

I hereby apply for membership in Krewe des Bons Amis and certify that I am over 21 years of age & if accepted : I am solely responsibly for my actions at any Krewe function & will not hold the Krewe responsible for any harm to person or possessions. I will abide by the bylaws & work for the betterment of the organization at all times.

Signature of Applicant _____ Date _____