



Krewe des Bons Amis
 418 W. Borel Drive
 Lake Charles, LA 70611

www.krewebonsamis.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

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 _____