



Krewe of Shamrock Membership Application



Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____
Valid email is required for communications

Driver's License Number: _____ State: _____ SSN: _____

Occupation & Employer: _____

Name of Sponsor: _____ Sponsor is responsible for your actions for the 1st year.

Sponsor Signature: _____

Dual Applicant yes or no Name of Dual Applicant _____

Please check a committee that you would be interested in working with. New members are required to serve on a committee. By-laws and Rules Membership Float Security Social Charities Fundraising

All members must complete 12 hours of pre-approved service per year or pay \$12.00 per hour for time not served.
Initials _____

I have read, understand, and will abide by the Bylaws and Rules of the Krewe of Shamrock Inc. If I choose not to abide by the By-laws and Rules, I understand that I will be subject to the disciplinary actions set forth in the Bylaws and Rules.
Initials _____

I hereby understand that the Krewe of Shamrock's Membership Committee will verify the information given on this application and hereby authorize any law enforcement agency or background screening agency to furnish Krewe of Shamrock or its agent information related to my criminal history. I hereby release Krewe of Shamrock and all its agents and employees the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability.

Non-refundable Application Fee of \$50.00 (single) or \$75.00 (dual*).

Upon acceptance annual membership fee of \$275.00 per person.

Mail application and check payable to the **Krewe of Shamrock, PO Box 891326, Tampa, FL 33689**

*Dual applications must be submitted at the same time. One application per each potential new krewe member is required.

I hereby am requesting to make application for membership to the Krewe of Shamrock Inc. I understand that I must submit my application with a check or money order in the amount of \$50.00 (single) or \$75.00 (dual) which is non-refundable. I further understand that membership dues must be paid in full within 5 days of acceptance or before 1st parade following acceptance, whichever comes first. Initials _____

I hereby absolve and release the Krewe of Shamrock Inc. any officers, members, affiliates and/or sponsors from all liability in the event that I, or any of my guests or family members are injured during any parades, meetings, or any other functions that I, or any of my guests or family members are attending. Initials _____

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached hereto are complete and accurate. I understand that any erroneous statements contained herein may disqualify me from appointment.

Have you ever been arrested? Yes or No (Please don't attempt to conceal any arrest / conviction).

If ever arrested for any reason & found guilty, please state location, date, substance of arrest, & the final outcome.

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached hereto are complete and accurate. I understand that any erroneous statements contained herein may disqualify me from appointment.

Signature: _____ Date: _____

PLEASE ATTACH ANY VALID PHOTO ID or COPY OF DRIVER'S LICENSE

KREWE OF SHAMROCK MEMBERSHIP COMMITTEE USE ONLY

Date Application Received: _____ Membership Chair: _____

Check: _____ CC: _____ Application: _____ Dual: _____ Photo ID: _____

Date Application Reviewed: _____

Application: Approved Denied Date Notified: _____ Membership Person Who Notified: _

Date Membership Fee Paid _____