



# Krewe of Shamrock

## Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ AKA: \_\_\_\_\_

Mailing Address: : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: : \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) : \_\_\_\_\_

Email Address: \_\_\_\_\_ Valid email is required for communications.

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Sponsor is responsible for your actions for 1st year

Sponsor's signature: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

List any special skills that might help the Krewe:

\_\_\_\_\_  
\_\_\_\_\_

Please circle 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 Parade    Security    Parade /Entertainment    Charities    Fundraising

All members must complete 10 hours of pre-approved service per year or pay \$10.00 per hour for time not served. \_\_\_\_\_ (Initial)

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. \_\_\_\_\_ (Initial)

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 resulting

Make Non-refundable Application Fee  
of \$100.00 Check payable to: **Krewe  
of Shamrock**

Mail Check & Application to:  
P.O. Box 891326  
Tampa FL 33689

Upon Acceptance  
Annual  
Membership Fee  
\$225.00

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 \$100.00 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, which ever 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? Circle: 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: \_\_\_\_\_ Application: \_\_\_\_\_ Photo ID: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Application: Approved Denied

Date Notified: \_\_\_\_\_ Membership Person Who Notified: \_\_\_\_\_

Date Membership Fee Paid: \_\_\_\_\_