



# SEA SAVEYOURS CONSERVATION SOCIETY, INC.

Proudly Presents

## *Krewe of the Sea SaveYours*

2023-2024 Membership Application (\$35 application fee due upon completion)

Amount Paid: \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Received on: \_\_\_\_\_

Name (print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Krewe Sponsor: \_\_\_\_\_

Sponsors Signature: \_\_\_\_\_

Why are you interested in becoming a member of the Krewe of the Sea SaveYours? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been a member of another Krewe? If so which one? \_\_\_\_\_

Reason for leaving previous Krewe? \_\_\_\_\_

Do you have any medical conditions that we should be aware of or that would prevent you from walking in a parade? If so please explain: \_\_\_\_\_

\_\_\_\_\_

Sea SaveYours Conservation Society Inc. was incorporated June 29, 2011 in the State of Florida as a non-profit organization - 501(C)(3).  
EIN No. 45-2572781

For more information on the Krewe, please contact us at 516 Clemons Rd. Brandon, FL. 33510 (813)-410-0999 or visit our website at  
[www.seasaveyours.org](http://www.seasaveyours.org)



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## *Krewe of the Sea SaveYours*

What Skills or abilities would you bring to the Krewe that you believe would be of benefit to the Krewe as a whole, individual members, and/or through our charitable effort? \_\_\_\_\_

\_\_\_\_\_

What other affiliations do you have? \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with a felony?  Yes  No

I submit this voluntary application for membership in Sea SaveYours Conservation Society, Inc. and agree to abide by all Bylaws, rules and guidelines, all of which copies of have been provided to me. I understand that this application will be reviewed within thirty (30) days of receipt but does not guarantee a spot on the Krewe during any time. Enrollment begins in October.

I certify that all information provided is true to the best of my knowledge. I am solely responsible for my actions during Krewe functions and will not hold Sea SaveYours Conservation Society, Inc. responsible for any reason for harm to my person or possessions.

I understand that membership fees must be paid annually and I must perform the required hours of volunteer work to maintain membership in good standing. I agree to pay a \$50.00 fee for any returned checks by the bank for whatever reason plus the original amount of the check. Dues must be paid in full by October 1<sup>st</sup> of each year. Membership dues are currently \$450 per year per person. Fees may be applied for unforeseen reasons, or extra costs that the Krewe cannot sustain, such as an extra parade or event that the Krewe has a whole has voted to attend. There will be a \$35 non-refundable application fee due when turning in.

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

### KREWE USE ONLY

Date Accepted and Approved by the Board: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Krewe Mentors Name: \_\_\_\_\_

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