



SEA SAVEYOURS CONSERVATION SOCIETY, INC.

Proudly Presents

Krewe of the Sea SaveYours

2016-2017 Membership Application

Name (print): _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

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



SEA SAVEYOURS CONSERVATION SOCIETY, INC.

Proudly Presents

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 Krewe of Sea SaveYours, Inc. and agree to abide by all Krewe/ Pirates Bylaws, Membership Rules, Standards of Behavior copies of which have been provided to me. I do 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 1st of each year. Membership dues are currently \$400 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.

Signature: _____ Date: _____

KREWE USE ONLY

Date Accepted and Approved by the Board: _____

Amount Paid: _____ Date Paid: _____ Krewe Mentors Name: _____

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