

**KREWE OF**



**F TROOP**

P. O. Box 4047

Tampa Florida 33677

**www.Krewe-of-F-Troop.com**

**Membership Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status (Circle M or S )

If Married, Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

Print names of your Sponsors

1. \_\_\_\_\_ 2. \_\_\_\_\_

I hereby make application for membership into The Krewe of F Troop. I affirm that I am at least 21 years of age and the above information is correct to the best of my knowledge. I further understand that I must remit with my application a check in the amount of \$700.00 which is the initiation fee, first year dues and the cost of my basic Krewe of F Troop uniform.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_