



KREWE OF ACADIANA, INC.

**P.O. Box 53726
Lafayette, Louisiana 70505**



**(337) 298-0978 (Phone)
(337) 233-3031 (Fax)**

**MEMBERSHIP APPLICATION
FAX OR MAIL**

FULL MEMBERSHIP (\$250.00)...ASSOCIATE MEMBERSHIP (\$100.00).....PERSONAL MEMBERSHIP (\$50.00)

New Member _____ Existing Member (Renewal) _____

If submitting a business application:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

BUSINESS WEBSITE ADDRESS: _____

E-MAIL (Notifications) _____

OFFICE PHONE: _____ CELL PHONE: _____

If submitting a personal application:

NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL (Notifications) _____

PAYMENT: Check enclosed _____ Check No. _____

(Payable to the Krewe of Acadiana)

Credit Card No. – Visa: _____

Mastercard: _____

Discover: _____

Amex: _____

Exp. Date: _____ Security Code: _____

Name on Credit Card _____

Billing Address of Credit Card _____

Are you interested in helping the Krewe of Acadiana? _____

Any Talents? _____

All applications are accepted throughout the season!

Any brochures, pamphlets, business cards or printed information that you can mail to us would help with our networking. Please mail to the above address.