

KREWE OF TRITON

APPLICATION FOR MEMBERSHIP DUE APRIL 1, 2025

Name	Date of Birth		
Home Address			
Length of time at current a	DDRESS		
Рноме (номе)	(work)	(CELL)	
Email Address			
Business/Company and Occu	PATION		
COMMUNITY INVOLVEMENT			
Spouse's Name		DATE OF	Birth
Spouse's Email			
a be so			
Application Type O New Membership* O Renewal	Membership Fe O Krewe Dues O King's Club O Queen Fee O Duke Fee	\$550 \$200 \$3,000 \$800	SQUAD COLOR O GOLD O GREEN O PASTY WHITE
Payment Information		Make checks to	ayable to Krewe of Trito
Total Amount \$	О Снеск No	PO Box 51757, Lafayette, LA 70505	
O CREDIT CARD #	Exp Date _	Security Code	
*New Membership Applicat	ions: Please fill out the following to	be considere	d for approval
N	IS A MEMBER?		
If so, Name			
Sponsoring Triton Member	Name		
Sponsoring Triton Member	Signature		DATE