



Application for Membership

Applicant's Full Name _____
Title First Middle Last

Applicant's Date of Birth _____ Marital Status _____
Month / Day / Year

Spouse's Full Name _____
Title First Maiden Last

Home Address _____
Street City State Zip

Home Phone (____) _____ Cell (____) _____ Office (____) _____

Office Address _____
Street City State Zip

Nature of Employment/Title _____

Primary Email Address (work / home) _____
circle one

Spouse's Primary Email Address (work / home) _____
circle one

Children or Grandchildren Under 22 Years of Age	1.) _____ / ____ / ____	2.) _____ / ____ / ____
	Name Birthdate Name Birthdate	
	3.) _____ / ____ / ____	4.) _____ / ____ / ____
	Name Birthdate Name Birthdate	
	5.) _____ / ____ / ____	6.) _____ / ____ / ____
	Name Birthdate Name Birthdate	

Please list any other social clubs or organizations to which you belong.

Active Member Name : _____ Active Member Signature : _____

Return Application to: The Masker's Club - Membership Committee
6524 Louisville St.
New Orleans, Louisiana 70124

This section for club use only		
Approval by the Membership Committee: _____	Acceptance by the Captain: _____	Date: _____