

The Grand Krewe of LUXOR
 P. O. Box 17347
 Memphis, TN 38187-0347

Please Type or Print.

Name:	Last Name	First Name	M.I.	Date of Application:	
Address:	Street	City		State	Zip Code
Phone Numbers:	Home	Work	Cell	Email Address	
Level of Education:					

Spouse's Name:					
Child Name(s):	School		Grade	DOB	
1.					
2.					
3.					
Employment	Firm Name		Occupation/Title		
	Street	City		State	Zip Code
Preferred Charities	1.				
	2.				
	3.				
Social Organizations (Past and Present)	1.				
	2.				
	3.				

Sponsor	Please Print Name	Phone Number
	Sponsor's Signature	How long have you known the sponsor?

(Luxor Board Use Only)

Reference	Please Print Name	Phone Number
	Association	How long have you known the reference?

(Luxor Board Use Only)

Annual Dues Schedule: (renewable in January)

Married Couples (If you are married, both spouses must join)	\$475
Single Members	\$250
Joining July 1 - October 31:	
Married Couples (If you are married, both spouses must join)	\$100
Single Members	\$50

Membership is a privilege and it may be revoked for inappropriate behavior, breach of confidentiality, or for using the Krewe name for personal monetary advantage or gain without board approval. All monies tendered to The Grand Krewe of LUXOR will be forfeited if your membership is revoked.

I hereby attest that all the information shown hereon is correct and true to the best of my knowledge.

Applicant's Signature _____

The best way to get to know others and enjoy the benefits of LUXOR is to participate.

Please indicate areas of service that interests you:

- Board of Directors/Executive Committee
 - Calling Committee
 - Catering
 - Communications/Publicity
 - Community Service
 - Finance
 - Fundraising
 - Membership Parties
 - Photography
 - Clean Up
 - Publications
 - Coordinator
 - Royalty
 - Decorating
 - Social Events
 - Hosting
 - Other (Please specify)
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