



Grand Krewe de Libertalia
CONFIDENTIAL
RENEWAL APPLICATION UPDATE

I hereby renew my membership in the **Grand Krewe de Libertalia, Inc.** and agree to abide by the By-laws of the Organization and at all times to work for the betterment of the Organization. I agree to pay for such fees and assessments as may be required for my membership classification as indicated below:

- Regular \$475.00 annual dues (\$450.00 if mailed before August 15, 2008 – early payment discount)
- Spousal \$275.00 annual dues
- Out-Of-State \$275.00 annual dues

IMPORTANT NOTE – LATE FEES AND RENEWAL: Renewal Applications and fees are due by September 15, 2008. Late fees apply after September 15. If payment is not received by September 15, a late fee of \$50.00 is applicable and must be included with your Renewal Application (mandatory). If payment is not received by October 15, then the late fee increases to \$100.00, which must be included with your Renewal Application (mandatory). If payment is not received by November 15, then your name will be dropped from the Grand Krewe's rolls for the new year and you must reapply as a new member for any following year with no preferential treatment. The Grand Krewe's fiscal year runs from July 1st to June 30th. Membership dues are due at the start of the fiscal year.

Please include a check made payable to: **Grand Krewe de Libertalia, P.O. Box 21562, Tampa, Florida 33622-1562**

Name: _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Home E-mail Address: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business E-mail Address: _____

Spouse Name: _____ Mail Preference: Home Business

Date of Birth: _____ Occupation: _____

Civic, social or fraternal organizations: _____

Hobbies/interests: _____

Reason(s) for your interest in the Grand Krewe: _____

Children (if any): _____ Number of Years in Grand Krewe: _____

Please select one of the following if you would like to be involved in a committee (not required for renewing members):

- Scholarships/Community Involvement By-laws Float/Parades
- Membership/Website Social Events/Refreshments

Signature of Applicant: _____ Date: _____

Office Use:	Check No.: _____	Waiver: <input type="checkbox"/>
	Amount: _____	Directory: <input type="checkbox"/>
	Date Received: ____ / ____ / ____	Date Accepted: ____ / ____ / ____