



Selucrey Sophistocats

PO BOX 20204
Houma, LA 70363



Membership Application

Year June 1, 2011 - May 31 2012

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Spouse/Girlfriend Name: _____ Phone: _____

Do you have any Medical/physical conditions which we should be aware of?

(Y/N) ___ If yes, list: _____

In case of injury/emergency contact:

1.) _____ Phone: _____

2.) _____ Phone: _____

Do you have any CPR, EMT, or First Aid training?

List Type training: _____ Certified? Y/N ___

New Applicant Sponsored by (print): _____

Sponsoring Member Signature: _____

New Applicant (1st year Only) Dues \$100.00 paid in Full: _____

Applicant must agree to:

1. Purchase attire according to club rules.
2. Follow Club By-Laws and Parade Rules.

Applicant Signature: _____

No refunds of dues after August General Membership Meeting