## XANADU NEW MEMBER APPLICATION



We are excited that you are interested in joining our Krewe of Xanadu! Xanadu has a membership cap and often has more applications for membership than it has vacancies, so please be as detailed and specific as possible in your answers. In order to be considered for membership, you must include these three components: (1) this completed membership form, (2) a sponsor letter of recommendation on your behalf, and (3) a signed membership check for \$450

This application and all attachments must be postmarked no later than April 15<sup>th</sup>. If your application is not accepted, your check will be returned. We will notify you by phone in May of the status of your application.

Name				
Address		City	State	Zip
Email Address				
Cell Number	Marital Status	Spouse Nar	Spouse Name	
Occupation				
Date of Birth	(current bylaws state yo	ou must be 21 years old b	by April 15 of y	our year of application)
Your Xanadu Sponsor's Name				
What is your connection to your sp	onsor			
Are you related to any current Xana	adu member? Yes/No			
If yes, to whom and how?				
Have you previously been a Xanadu	ı member? <b>Yes/No</b>			
If yes, when and for how long?				
What was your reason for leaving t	he Krewe?			
Why are you reapplying?				
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Have you applied for Xanadu membership before? Yes/No If yes, when?

Have you or any immediate family members been members of other krewes in the Acadiana area? **Yes/No** If yes, please identify the krewes and the family members who belong(ed) to each krewe, including yourself, and specify the krewe and years of membership. If yes, have you or any of your family members been royalty of that krewe? **Yes/No** 

If yes, what krewe and what title?

You may attach a separate page if necessary, please list specifically your activities in: civic organizations, church organizations, social organizations \_\_\_\_\_

What do you enjoy doing in your spare time (hobbies, talents, interests)? \_\_\_\_\_\_

What is your most important reason for joining Xanadu? \_\_\_\_\_\_

## Make checks payable to Krewe of Xanadu and mail to: Krewe of Xanadu, Attn: Membership Chair, P.O. Box 61546, Lafayette, LA 70596-1546