



Saraland Mardi Gras Association  
 P.O. Box 21  
 Saraland, AL 36571

**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

GENDER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

HOW DID YOU HEAR ABOUT SMGA? (CIRCLE ONE)

MEMBER REFERRAL(MEMBER NAME) \_\_\_\_\_ FRIEND/FAMILY

SOCIAL MEDIA      PARADE      COMMUNITY INVOLVEMENT      OTHER \_\_\_\_\_

**A one time, non refundable application fee of \$25.00 is due upon submission of this application. Photo ID required with application.**

**Membership dues are \$400.00 per member (non refundable). Payment is due within 30 days of approved membership (subject to financing options).**

**Hold Harmless Agreement**

I, the undersigned, agree and do hereby release SARALAND MARDI GRAS ASSOCIATION, hereby known as SMGA, and their representatives, employees, officers and volunteers from any and all liability from injury or harm to myself and my guests which may occur as a result of my participation in any and all events, parades or activities sponsored or attended by SMGA. I am advised that there can be no guarantee that participation in the parade and/or SMGA events is entirely risk free. I therefore, agree to assume the risk of any injury which may occur to myself and/or my guests. I further agree that if an act of God or any other circumstance beyond our control occurs, no refund or credits of dues will be given. I acknowledge that I have had the opportunity to ask any questions concerning safety precautions to be taken within the parade and/or activities. I will agree to all rules and regulations of SMGA. If I am accepted for membership, I agree to release SMGA, its officers, employees, directors, agents, and members from any and all damages or losses sustained by myself and any guests of mine as a result of my/our participation in parades and activities. I understand that all applicants to SMGA are subject to background checks and Board approval. By submitting this application, I authorize SMGA to retain a copy of my state-issued photo ID for their records. I have read this document and completely understand all terms and provisions.

I, \_\_\_\_\_ do hereby sign this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (Print Name Here)

\_\_\_\_\_  
 (Sign Name Here)

Approved by \_\_\_\_\_ Date \_\_\_\_\_