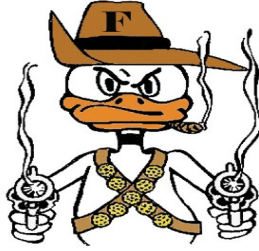


# F-TROOP



## TAMPA

P. O. Box 270039  
Tampa, FL 33688-0039  
info@F-TroopTampa.com  
www.F-TroopTampa.com

### Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status (Circle M or S ), If Married, Spouse's Name: \_\_\_\_\_

Occupation \_\_\_\_\_

Parade Shirt Size (M/L/XL/XXL): \_\_\_\_\_ Name on Parade Shirt: \_\_\_\_\_

Print names of your Sponsors (**One Sponsor is required to present application at a Board Meeting**):

First Signer: \_\_\_\_\_ Second Signer: \_\_\_\_\_

I hereby make application for membership into The Krewe of F Troop. I affirm that I am at least 21 years of age and the above information is correct to the best of my knowledge. I further understand that I must remit with my application a **Current Photograph** and a check in the amount of **\$650.00** which is the initiation fee, first year's dues and the cost of my F-Troop Parade shirt.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

First Signer Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Signer Signature \_\_\_\_\_ Date \_\_\_\_\_