



# THE NOBLE KREWE OF HATHOR

## Application for Membership

Type of membership desired (full/associate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone contact (identify if cell, home, etc.): \_\_\_\_\_

Email address: \_\_\_\_\_

1. Have you ever done volunteer work before? If yes, please specify.

\_\_\_\_\_

2. Do you belong to any other volunteer, non-profit, or fundraising organizations?  
If yes, please specify.

\_\_\_\_\_

3. What types of fundraising activities have you participated in and were you in charge of those activities?

\_\_\_\_\_

4. How did you hear about The Noble Krewe of Hathor?

\_\_\_\_\_

5. Explain, in detail, why you feel you would be a valuable asset in accomplishing the goals and objectives of The Noble Krewe of Hathor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I agree to conduct myself in a professional manner and to abide by the bylaws of The Noble Krewe of Hathor. **Please attach check for initial dues amount (\$15.00/\$10.00).**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Krewe Sponsor (Full Member)

\_\_\_\_\_  
Date

Completion of this application does not guarantee your acceptance to membership. You will receive a letter after the next Krewe meeting which is held subsequent to your submission of your application and initial dues amount (\$15 for full membership/\$10 for associate membership). If your application is rejected, your submission amount will be returned to you.

The Noble Krewe of Hathor does not discriminate based on age (provided the applicant is of legal age to join such an organization), sex, race, religion, national origin, sexual orientation, or any other attribute.