

**KREWE OF NEREIDS APPLICATION FORM**

Return to: Dolores Richmond – Captain  
740 Mahalo Hui Drive – Diamondhead, MS 39525

The undersigned does hereby make application for membership in the Krewe of Nereids:

Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_

Email: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Height/Weight: \_\_\_\_\_ Dress Size: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_

Spouses Occupation/Employer: \_\_\_\_\_

Please list all organizations in which you have held past or present membership, including  
carnival organizations: \_\_\_\_\_  
\_\_\_\_\_

Offices held: \_\_\_\_\_

Are you able to give some of your time and talents to Nereids? \_\_\_\_\_

In what capacity: \_\_\_\_\_

Should my application be accepted I agree to perform all duties expected of me by the  
organization and to abide by all regulations and bylaws of said organization.

I hereby obligate and bind myself to pay the membership application fee of \$100.00 and the  
membership dues of \$600.00 together with a \$100.00 special assessment fee for the rebuilding  
of the den. (All members have paid this special assessment fee.) Should my application not be  
accepted I understand the application fee of \$100.00 will be returned to me.

Upon notification of my acceptance I agree to pay \$300.00 of the dues and the \$100.00  
assessment fee on or before June 15<sup>th</sup>. The balance is due by July 30<sup>th</sup>.

As a member of Nereids, I agree to participate in the Ball and Parade and to support any fund  
raising projects as needed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

We, the undersigned members in good standing, hereby endorse the above applicant for membership in the Krewe of Nereids. The applicant is known to me personally and is of good moral character and reputation. It is our opinion that said applicant will be an asset to the organization. We have advised the applicant of the requirements for membership and she has understood and agreed to abide by same.

1. Print Name \_\_\_\_\_ Signature \_\_\_\_\_

2. Print Name \_\_\_\_\_ Signature \_\_\_\_\_

3. Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**ALL APPLICATIONS MUST BE RECEIVED BY APRIL 15<sup>TH</sup>**

**All New Members are required to donate a minimum of 10 hours at the Nereids Den or pay a \$100.00 fine. This 10 hours amounts to 2 hours/night for 5 nights.**

**Disclaimer**

*Nereids, Inc. does not and shall not discriminate on the basis of race, color, religion, creed, age, national origin, disability, marital status, sexual orientation, military status and/or to the fullest extent possible, gender; being an all-female krewe, in any of its activities or operations.*

*Nereids, Inc. is committed to providing an inclusive and welcoming environment for all members of our krewe, participants and guests of the masquerade ball, and entrants and parade goers of the annual parade, and their families, and to volunteers, subcontractors and vendors working with or on behalf of the krewe.*

**Please attach a short paragraph indicating why you would like to become a member together with a picture.**