

# The Shadow Barons

P.O. Box 2770  
Daphne, AL 36526



## New Member Application

New Member Applications are to be submitted either by mail or in person to a board member.

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/role \_\_\_\_\_

Other prior / current Mardi Gras organizations \_\_\_\_\_

Float preference (Float # or rider name) \_\_\_\_\_

Other Information (Hobbies, interests, etc.) \_\_\_\_\_

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

Sponsor #1(Print and Sign) \_\_\_\_\_

Sponsor #2(Print and Sign) \_\_\_\_\_