



# St. Paul's Carnival Association, Inc.

P.O. Box 375—Pass Christian, MS 39571

## APPLICATION FOR MEMBERSHIP

Term of Membership: July 1 to June 30

First: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ (If both of you are becoming members)

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

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

### CONTACT INFORMATION

#### EMAIL

Email Address: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_

#### Phone

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

If you will be applying for a **tuition subsidy for parent volunteers**, please indicate which school your child attends:  
 \_\_\_\_\_ (Eligible schools include all Biloxi Diocese schools and St. Stanislaus College)

### COMMITTEE INTERESTS

(Would you like to help with the carnival events? Please mark all interests and we will contact you.)

General			Ball		
Membership:___	Ad Book:___	Historical:___	Decorations:___	Costume:___	Setup:___
Parade			General Events		
Parade Committee: ___	Review Stand Decorating:___	Trophy Committee:___	Help With Team Events:___		
			Help With Association Events:___		
			Future Contestant: King ___ Queen___		

Annual dues for membership are \$5.00 per person and must accompany each application. The application for membership must be received 2 weeks before Royal Ball. The application can be mailed to the above address or given to any board member. By signing the membership application, you agree to abide by the organization's By-Laws.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

St. Paul's Carnival Association, Inc. is a 501c3 nonprofit organization.—Tax I.D. Number 45-3915341  
 Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided.  
 in exchange for your generous financial donation