

Krewe of ALLA 2020-2021 Dues Payment Form

MEMBER INFORMATION

	NAME:	
	ADDRESS:CITY/STATE/ZIP CODE:	
	PHONE:E-MAIL:	
	FLOAT LT. (If you have previously ridden):	COSTUME SIZE:
	REFERRED BY (name of current ALLA member):	
MEMBERSHIP LEVEL (CHECK ONE)		
Golden Gryphon Society, Sponsor of the Krewe of ALLA prohibits discrimination against applicants for membership on the basis of sex, race, color, national origin, disability, gender identity, religion, reprisal, political beliefs, marital status, familial or parental status, or sexual orientation.		
	FULL MEMBERSHIP (19 AND OLDER):	\$400 or 2 payments of \$200 (paying by check by 5/31/20)
		\$415 or 2 payments of \$207.50 (credit card by 5/31/20)
	JUNIOR MEMBERSHIP:	\$300 or 2 payments of \$150 (paying by check by 5/31/20) \$315 or 2 payments of \$157.50 (credit card by 5/31/20)
(15-18 YEARS OLD or 18-22 w/ VALID COLLEGE ID)		
	ACTIVE MILITARY/FIRST RESPONDER: _	\$400 or 2 payments of \$200 (check) \$415 or 2 payments of \$207.50 (credit card)
PAYMENT METHOD		
	CASH: CHECK: 0	CHECK NUMBER:
	CREDIT CARD: VISA MASTER CARD	DISCOVER AMERICAN EXPRESS
	CREDIT CARD NUMBER:	
	EXPIRATION DATE: S	SECURITY CODE (3-digit from reverse):

BILLING ZIP CODE:

I agree to abide by the rules, policies, and regulations of the Golden Gryphon Society Sponsors of the Krewe of ALLA and the laws of the City of New Orleans governing Carnival parades, including but not limited to: wearing costume, hat, and mask for the duration of the parade and the krewe-provided safety harness for the duration of the parade (without exception), no smoking or drug usage on floats, no consumption of alcohol to excess, no lude or vulgar gestures or comments, and no hurling throws or other objects with the intent to cause injury. Failure to abide by these rules, policies, regulations, and laws are grounds for dismissal from the parade and the organization. I also agree to hold harmless and indemnify the Golden Gryphon Society, sponsor of the Krewe of ALLA and its officers and agents, and Kern Studios and its officers, employees and agents, from liability for any injury that may occur at the ALLA parade or any of the krewe's functions.

SIGNATURE: ____

Mail this form and your payment to ALLA Treasurer, P.O. Box 6001, New Orleans LA 70174-6001.