



Thank you for your interest in joining the Inter-Krewe Council!

Founded in 1992, the IKC encourages cooperation and camaraderie among its member Krewe and organizations, and it provides a valuable forum for information about area parades and other Krewe-related activities. It began with six Krewes and organizations, and it has grown to include nearly 60 member groups.

Representatives from each IKC krewe meet quarterly, and members of all KC krewes are invited to our annual social event, Carnivale, in August. In addition, there are many krewe-sponsored socials and functions that are open to other IKC krewes throughout the year.

To be considered for IKC membership, please fill out the application completely and attach the following:

1. Specific information about your organization:

- ◆ Membership information (All men/all women/both men and women? Is your membership closed or open to new members? How are new members chosen? Do you have an auxiliary?)
- ◆ Brief history of your organization and name
- ◆ Goals and activities of your krewe (charitable work, social activities)
- ◆ Description and photos of costumes and float(s)

2. A copy of your Certificate of Incorporation

3. Letters of recommendation from two IKC krewes who have agreed to sponsor your group. Each letter must be on official krewe stationery and signed by at least one executive board member of the sponsoring krewe.)

4. A check for your \$100 initiation fee. (This will be returned if your application is not accepted).

All applications must be complete packages, including sponsor letters. No incomplete applications will be considered.

At this time, the IKC accepts new members twice a year, in June and December. To be considered for membership, your application and all attachments must be received by March 1 to be eligible for June membership or September 1 to be eligible for December membership.

Mail your completed application and attachments to:
Inter-Krewe Council Inc.
Attn: Membership Chair
PO Box 23902
Tampa FL 33623

We look forward to learning more about your group! If you have any questions, please email membershipchair@interkrewe.org

KREWE / ORGANIZATION INFORMATION

Official Name: _____

Official Address: _____

City / State / Zip: _____

Telephone: () _____ Fax: () _____

Email: _____ Web Site Address: _____

Date of Incorporation: _____

Number of members: _____

Brief Description of Organization:

Inter-Krewe Council Sponsoring Krewes:

1. _____

2. _____

OFFICIAL REPRESENTATIVE

Name: _____ Title: _____

Address: _____

City / State / Zip: _____

Telephone: () _____ Fax: () _____

Cell: () _____ Email: _____

Signature: _____ Title: _____

Date of Application: _____

APPROVAL

Inter-Krewe Council Chair: _____ Date: _____