

TEJAS KLOWN CLUB MEMBERSHIP APPLICATION

MEMBERSHIP # _____

NAME _____ CLOWN NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) (_____) _____ PHONE (WORK) (_____) _____

EMAIL ADDRESS _____ FAX (_____) _____

DATE OF BIRTH _____ MARITAL STATUS _____

SPOUSE'S NAME _____

CHILDREN'S NAMES & AGES

PERSONAL REFERENCES & PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

NAME _____ ADDRESS _____

PHONE (HOME) (_____) _____ PHONE (WORK) (_____) _____

TYPE OF CLOWN: WHITE FACE ___ AUGUSTE ___ TRAMP ___ CHARACTER ___ MIME ___ OTHER ___

YEARS OF EXPERIENCE _____

LIST ANY SPECIAL SKILLS OR QUALIFICATIONS (HOBBIES & INTERESTS) AND PREVIOUS CLOWN EXPERIENCE, IF ANY: (ie Magic, Puppets, Music, Sports, etc)

LIST ANY OTHER CIVIC ORGANIZATIONS OR CLUBS YOU ARE A MEMBER OF:

REFERRED BY _____

OTHER CLOWN ORGANIZATIONS YOU ARE A MEMBER OF _____

TYPE OF MEMBERSHIP: REGULAR \$10 JUNIOR \$5 INITIATION FEE \$5

SIGNED _____ DATE _____

(IF AVAILABLE, PLEASE ATTACH SNAP SHOTS OR PHOTOS IN STREET CLOTHES AND IN COSTUME AND MAKE-UP)

RETURN TO: TEJAS KLOWN CLUB NO. 1
1917 ISLAND VIEW DR.
MESQUITE, TX 75149

DATE RECEIVED _____ AMOUNT INCLUDED _____

RECEIVED BY _____