



Second Liners Mardi Gras Club, Inc.
 P. O. Box 635
 Biloxi, MS 39533-0635
2024 MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Name:							Current Job Title:					
Title:	Mr.	Ms.	Mrs.	Dr.	Prof.	Other	Education:	HS	BA/BS	MA/MS	PhD	Other
Address:												
City:				State:			Zip Code:			County:		
Email:												
Phone: ()							Fax: ()					
Employer:												
<p>- Application packet must be mailed and postmarked by July 12, 2024, to the address listed above. All required documents listed throughout the application to include application fee must be mailed together.</p>												
- I physically reside in Hancock, Harrison, or Jackson County: <input type="checkbox"/>												
- I am 21 years of age or older: <input type="checkbox"/>												
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REFERENCES AND THEIR CONTACT INFORMATION

SECOND LINER	NAME:	PHONE #
COMMUNITY	NAME:	PHONE #
OTHER (OPTIONAL) NAME:		PHONE #
<input type="checkbox"/> I confirm that I am familiar with the Second Liners Mardi Gras Club, Inc programs and service within the community.		
<input type="checkbox"/> If accepted as a member, I agree for my contact information to be shared with other Second Liners Mardi Gras Club, Inc. members.		
<input type="checkbox"/> If accepted as a member I agree to receive other information from The Second Liners Mardi Gras Club, Inc (meetings, programs, etc.) by email and/or text.		
<input type="checkbox"/> As a part of the Second Liners Mardi Gras Club, Inc application process I agree to submit a passport size 2" x 2" photo. (MUST BE SUBMITTED WITH APPLICATION)		

COMMITTEES SELECTION (* DENOTES FUNDRAISER)

Select the Second Liners Mardi Gras Club, Inc committee(s) that you would devote time and service as a committee member:

<input type="checkbox"/> Backpack Giveaway	<input type="checkbox"/> Easter Eggstravaganza	<input type="checkbox"/> Operation Santa	<input type="checkbox"/> Showtime Weekend Kickoff
<input type="checkbox"/> Brunch	<input type="checkbox"/> Family Picnic	<input type="checkbox"/> Parade	<input type="checkbox"/> Spring Fling*
<input type="checkbox"/> Brunch After Party*	<input type="checkbox"/> Lundi Gras Bus Trip*	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Sundresses, Sunset & Cigars*
<input type="checkbox"/> Community Funfest	<input type="checkbox"/> Nursing/Assisted Care Living Visitation	<input type="checkbox"/> Seniors Dinner	<input type="checkbox"/> Thanksgiving Turkey Giveaway



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SKILLS SECTION (Check all that apply and give a brief summary of the skill - **submit additional page(s) as necessary**)

- Accounting/Bookkeeping
- Computer
- Grant Writing
- Database Management
- Event Planning
- Fundraising
- Social Media
- Strategic Planning
- Website Development

IN YOUR OWN WORDS STATE HOW WE MAY BENEFIT FROM HAVING YOU AS A MEMBER. PROVIDE DETAILS FOR ALL CHECKED SKILLS SELECTED ABOVE (EX: CERTS/LICENSE/YRS OF EXP/PROFICIENCY LEVEL, ETC.) SUBMIT ADDITIONAL PAGE(S) IF NEEDED.

MEMBERSHIP APPLICATION REQUIREMENT AND DESIGNATED FEES

Membership Application/SLMC Member Recommendation Letter, Community Leader Recommendation Letter & App Fee.

\$150.00 (non-refundable fee – must be submitted with application)

Annual Membership (Pending and due upon acceptance)

**Membership Dues: \$300.00
Must be paid once accepted as a member.**

PAYMENT DETAILS

Select your method of payment:

- Cashier's check of _____ US Dollars to the order of the Second Liners Mardi Gras Club, Inc
- Money Order of _____ US Dollars to the order of the Second Liners Mardi Gras Club, Inc

NO OTHER CURRENCY ACCEPTED

SIGN/DATE

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please contact Yolanda Green (228-238-8891 or secretary.biloxisecondliners@gmail.com) with any questions.