



Application for Membership in The Royal Sovereign & Imperial Court of the Texas Riviera Empire, Inc. (RSICTRE or TRE)



NEW RENEWAL

Legal Name _____

Stage Name _____

Address _____ City _____ State _____ Zip Code _____

E-mail _____ Phone _____ Birth Date (Month & Day) _____

Please check your answers to all of the following:

Would you like to receive a copy of the By-laws & SOPS? YES NO

Is it okayed to list your name/photo on the court's web site YES NO

Facebook page? YES NO

Dues Paid \$ _____ Would you like a receipt? YES NO

Special Skills: (check all that apply)

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Business Mgmt | <input type="checkbox"/> Clerical | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Financial Mgmt | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphics |
| <input type="checkbox"/> Event Mgmt | <input type="checkbox"/> Costume Design | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Web Site Design |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Theater Arts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Singing |

• **Membership dues: \$50 per reign year, which can be paid upon completion of this application or \$5 per month**

• By signing the Membership Application, I agree to comply with the By-Laws and SOPs of the RSICTRE and any rules and regulations officially adopted by the RSICTRE. The information I have provided above is true and accurate as of the date of my signature below. I will obey all applicable laws in connection with my participation or attendance at any event held by or on the behalf of the RSICTRE or at which I present myself as a member of the RSICTRE. I agree, on behalf of myself, my executor, administrator or assigns, to protect and indemnify and hold harmless the RSICTRE from any and all damages, injury or death which might occurred to me or to my property in preparation for, during or immediately following any function held by or for the benefit of the RSICTRE, and from any and all liability whatsoever that may occur as a result of my membership. I also agree that I am 18 years of age or older.

Applicant's Legal Signature: _____ Date: _____

Witness Signature: _____

This Membership Application is not valid unless it is signed and dated by the applicant and accompanied by a signed, dated and witnessed Code Of Conduct Form.