



Membership Application

[Please Print Clearly]

Personal Information

Name: _____

Court Name (aka): _____

Home Address: _____

Apt. # (if applicable): _____

City: _____ State: _____ Zip: _____

Postal Address(if different): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Mobile Phone: (____) _____

Business Phone: (____) _____

E-mail Address: _____

Date of Birth (Month/Day/Year): ____/____/____

Anniversary Date (Month/Day/Year): ____/____/____

Other Information

Check One: New Member _____ Returning Member _____

What talents are you prepared to contribute, which may be used for the good of the
IRSCDEI and the many charities that benefit from it?

Company where you are employed: _____

Member Signature _____

The Imperial Royal Sovereign Court of the Desert Empire, Inc. (IRSCDEI) is a non-profit, tax exempt 501(c)3 corporation dedicated to the cause of raising funds to benefit the less fortunate in the Las Vegas community. Annual membership dues are \$15.00 per reign year (December - November).

Membership Committee/Treasurer Use ONLY

Date Paid: _____ Received by: _____ Initials: _____

Payment Method: Cash _____ Check _____ Check # _____ Other _____