



IMPERIAL COURT OF KENTUCKY

MEMBERSHIP FORM

Application Type: New \$10 Renewal \$10

Membership Status: Full Associate

Full Name : _____

Pseudonym : _____ Pronouns: _____

Address : _____

City : _____ State : _____ Zip Code : _____

Phone Number : _____ Email : _____

Age : _____

IMPERIAL COURT OF KENTUCKY, INC.

- No application for membership will be accepted without full payment of dues. New member and renewal dues are \$10, due upon joining and then renewed every year on or before December 31.
- Checks and money orders should be made payable to Imperial Court of Kentucky, INC. if mailing your application and dues, DO NOT mail cash. Payment in the form of personal check or money order must be used for mailed application.
- Application submission and all other organization correspondence should be sent to: Imperial Court of Kentucky, INC, PO Box 265, Lexington, KY 40588-0265.
- All applicants for full membership status must verify that they are a resident of the Empire of the organization and at least 18 years of age by a valid state issued photo ID. If submitted by mail, please enclose a copy of this ID.
- The Imperial Court of Kentucky is recognized as a tax-exempt public charity, 501(c)3, by the IRS and the Attorney General of Kentucky. Membership dues are collected for the sole purpose of furthering the mission of the organization.

Application Received by: _____

Date Received: _____

Verified by: _____