

Rocky Mountain Leather Alliance

Membership Application



Legal Name:			
Preferred Name:		Date of Birth:	/ /
E-mail Address:		Phone #:	() -
Tell us about yourself! What is your interest and experience in the Leather/Kink/BDSM community?			
What Organizations are you affiliated with?			
Are you interested in joining one of our committees? <ul style="list-style-type: none"> <input type="checkbox"/> Education <input type="checkbox"/> Fundraising <input type="checkbox"/> Leather Community Dinner <input type="checkbox"/> Leather Street Fair <input type="checkbox"/> Pride <input type="checkbox"/> Public Relations/Outreach <input type="checkbox"/> Other: _____ 			
Sponsor and Other References (Name and How to Contact):			
Signature:		Date:	/ /