

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:		Phone:
Current address:		Area of Town:
City:	State:	ZIP Code:
Email:	Can we snail mail info: Y N	
Spouse or Partner name:		
Name of Emergency Contact:		Phone number:

CLUB INFORMATION

The Houston girls of Leather is a group of self-identified Leathergirls. Membership is not limited by race, creed, orientation, gender or disability. A girl-heart is an individual self-identity and is not based off born gender. Houston girls of Leather are a unique and powerful group of individuals—our solidarity and commonality is found in our understanding that the definition of Leathergirl involves who you are and the meaning of what Leather is to you in your heart.

We understand a Leather path is as individual as the people taking the journey. Our goal is to provide a support unit of education, camaraderie, and sisterhood along the path.

HgoL holds monthly meetings, training classes, dinners, and social activities, communicates via discussion boards, does outreach at Leather events through Houston Area and volunteers for a variety of non-profit organizations and events.

Our Mission is twofold:

- To provide camaraderie and a safe space to any individual who identifies as a Leathergirl.
- To provide community Service within the community at large.

When attending a function or event for HgoL you understand you will be in girl mode, no matter your born sex or dynamic.

You understand HgoL is a service oriented group and requires volunteer service to remain a member in good standing.

PLEASE INITIAL YOU UNDERSTAND THE ABOVE STATEMENTS _____

REFERENCES

PLEASE PROVIDE REFERENCES WE CAN VERIFY

Name:	Email:	Relationship:
Name:	Email:	Relationship:

IN THIS SECTION WE WANT TO KNOW MORE ABOUT YOU. GIVE AS MUCH INFO AS YOUR COMFORTABLE WITH; YOU MAY USE THE BACK IF NEEDED.

What type of Membership are you seeking?	<input type="checkbox"/> 30.00
Full Membership: Able to help club make decisions, sit on boards, or run for office and attend all functions and events.	<input type="checkbox"/> 20.00
Associate Membership: Attend functions but not a voting member, may not hold office or lead a board.	<input type="checkbox"/> _____
Donation:	

Why are you interested in HgoL?

What if anything do you hope HgoL can do for you?

In what ways can you help further the mission of HgoL?

DATE OF APPLICATION:		
Date of Membership:		
Dues Due:	Cash Check PayPal	PAID: Y N

Signature of applicant:	Print Name:
Signature of Secretary :	Print Name:
Signature of President:	Print Name: