



NATIONAL LEATHER ALLIANCE – DALLAS

Membership Application / Renewal

INSTRUCTIONS: Please review the below information and provide the information requested. Upon completion, please sign and submit this form with your check, cash or money order payment of the annual chapter dues of \$25.00. Check should be made payable to NLA-Dallas. Applications/checks may be submitted to the NLA-Dallas Membership Chair at any regular NLA-D Chapter meeting, or they may be mailed to: **NLA-Dallas, P. O. Box 190432, Dallas, TX 75219-0432.**

Please print, complete and mail this form noting payment method.

- * Membership is open to any person 18 years of age or older and who supports the Statement of Purpose of NLA Dallas.
- * Persons who join NLA-Dallas will have all rights and privileges granted under the bylaws of NLA-Dallas.
- * Membership dues for NLA-Dallas are assessed and collected on an annual basis.
- * Membership in NLA-Dallas is confidential. Member's names will not be released other than to the officers of NLA-Dallas without the member's written consent.

(Write current Membership Number below, please.)

PLEASE INDICATE: _____ **New Application** _____ **Membership Renewal** (Membership # _____)

PAYMENT METHOD: _____ **Check** _____ **Cash** _____ **Money Order** _____ **Credit/Debit Card**

Full Legal Name: _____

Preferred Name on Roster and Mailings: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ e-mail: _____

May we discreetly contact you by phone or email? (Check preference) _____ Yes _____ No

Communication by text permitted? (Check preference) _____ Yes _____ No

We have no association with National Leather Association International.

By my signature below, I indicate my knowledge and support of the Statement of Purpose. I also attest that I am 18 years of age or older and wish to become a member of NLA-Dallas.

SIGNATURE: _____ **DATE:** _____

CHAPTER USE ONLY

Membership Chair or Secretary: *Verify receipt by completing below information. Following verification, file application, and forward check(s) to Treasurer.*

Application received by: _____ **Date received:** _____

Indicate check or money order number and amount: _____

STATEMENT OF PURPOSE – Please see the back of your Membership Card for our statement.