



NATIONAL LEATHER ALLIANCE – DALLAS

Membership Application / Renewal

Applications may be obtained at any function where the NLA-Dallas Membership Chair has them available and online at niadallas.org. **INSTRUCTIONS:** Please review and provide the requested information below. Upon completion, please sign and submit this form with your payment of the annual chapter dues of \$20.00 (check, cash, money order or ask about other payment options). Checks should be made payable to NLA-Dallas. To submit your application, you have 3 options: return by postal mail to: **NLA-Dallas, P. O. Box 190594, Dallas, TX 75219-0594**, or send it by email to the current Membership Chair, and copy both Co-Chairs and the Treasurer, or in person. Payment will be accepted by the NLA-Dallas Membership Chair, Co-Chairs, or Treasurer at any time. Your membership card will be given within 30 days and your email added to the roster after payment is received. Thank you for your interest in joining the NLA-Dallas family! We look forward to many years of your support. **Please print, complete, and mail this form noting payment method.**

- * Membership is open to any person 18 years of age or older 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 _____ Zelle _____ PayPal _____ Credit Card _____ Other

“Send Mail To” Name: _____

“Scene” Name (name on private roster): _____

Mailing Address

Street Address: _____

City: _____ State: _____ ZIP: _____

Cell/Phone: _____ E-mail: _____

Birthdate (MM/DD): _____

We want to celebrate with you!

Preferred method of communication?

May we discreetly contact you by (check preference):

Call Email Text FB Messenger

Call? _____ Yes _____ No

Did you know multiple year memberships are available? Text? _____ Yes _____ No

Email? _____ Yes _____ No

Social Media (circle all that apply):

Fetlife Facebook Instagram Twitter

I would also like to purchase (fill in quantity): Large patch (\$15) _____ Small patch (\$5) _____ Pin (\$5) _____

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 money to Treasurer within 7 days.

Application received by: _____ **Date received:** _____ **Payment Type** Check Cash CC PayPal Zelle
Amount: _____ **Membership Number:** _____ **Date Pin/Patch Given:** _____ **Date Member Card Given:** _____

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