

# 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 [nladallas.org](http://nladallas.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 \$25.00 (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, 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 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** \_\_\_\_\_ **Other**

Full Legal Name: \_\_\_\_\_

Preferred Name on Mailings (Postal Service): \_\_\_\_\_

Preferred Name (Membership Card & Roster): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Birthdate (MM/DD): \_\_\_\_\_ ***We want to celebrate with you!***

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

Communication by text permitted? (Check preference) \_\_\_\_\_ Yes \_\_\_\_\_ No

**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 within 7 days.***

**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.