



Membership Application

By completing and signing this form you are agreeing to the following: The signer hereto states as follows:

1. That I am at least nineteen (19) years of age.
2. That I am not acting in the capacity of a law enforcement agent, or in association with any law enforcement, media, or religious organization.
3. By my signature hereon, I hereby assume any and all risks incidental to my attendance at LRA events. I agree to abide by all LRA policies and procedures, whether published on a World Wide Web site, distributed as printed matter at a facility or event, or posted at a facility or event.
4. I agree to hold harmless LRA, its Board of Directors, its Officers, its staff, including volunteer staff, and its agents, assigns, and successors, and the owners, managers, employees and agents of any facility in which LRA hosts an event, for any injury to person or property which may occur incident to my attendance at a LRA event.
5. I swear and I affirm that I am not a registered sex offender due to a violent sexual-related crime in any jurisdiction and said status is subject to verification.
6. That I agree to abide by the rules and regulations as set forth in the By-Laws of LRA, Inc.

Any falsification of this form or the signatures will result in immediate termination of membership. Memberships are not transferable or refundable.

Required Information

First Name: _____ Last Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ County: _____ State: _____ Zip: _____
 E-mail address _____ or _____
 Telephone (one of the two is required, other is optional) _____

Membership Plan (this plan is effective for one year -- please check only one):

- Full Membership - \$360 one-time charge
- Full Membership - \$35 per month for 12 months totaling \$420.00
- Associate Membership - \$240.00 one time charge.
- Associate Membership - \$20.00 per month for 12 months totaling \$240.00

Payment Method: Cash Check Money order Credit/Debit Card

Visa / MasterCard / American Express Name on Card: _____
 Card Number:: _____ Expiration Date: ____/____/____ CCV: _____

Optional Information (for statistical and planning purposes only – you may decline to give any or all information requested)

Scene Name: _____ **Birth Month and Day:** ____/____
Gender: M F Trans Declined **Sexual Orientation** Straight Gay Bi Queer Other Declined
Scene Orientation: Dominant Submissive Switch None Undecided Declined
 Would you like to be included on the Public Yahoo LRA e-mail List? Yes No
 Would you like to be included on the Members Only Yahoo LRA e-mail List? Yes No
 Would you like to be contacted about being a volunteer at LRA? Yes No
 Do you have any medical conditions that may require special attention? Yes No Decline to answer

How did you hear about LRA? (check all that apply)

- LRA Website FetLife Yahoo Group Word of mouth Munch/Group Returning Member Other

Member Referral (please add member number) _____

Billing Information

Billing dates are on the 15th of each month. Payment may be made via Credit/Debit Card, check or money order. Members are responsible for ensuring that their dues are paid regularly and in a timely manner. Non-payment of dues is a cause for termination of membership. Checks should be made out to: LRA, Inc. Cash payments are not accepted on premises.

Please mail cash payments or checks to:

LRA, Inc.
1333 W. Devon Ave., Suite 203
Chicago, IL 60660-1329

You will be notified by e-mail once your application has been approved. Memberships are activated three (3) to five (5) business days after applications are submitted.

I attest that all information provided on this form is true and correct to the best of my knowledge. I have read this form, along with the Membership Agreement and payment information, and agree to all terms and conditions set forth.

Signature _____ Date ____/____/____

LRA Confidentiality Agreement

I agree to keep confidential the details of actions, activities or individuals whom I may encounter while at LRA. I agree that I will practice due discretion and at no time relay others' individually-identifiable information in person, online, or via other means. I understand that doing so may cause me to be refused entrance to LRA on a temporary or permanent basis, and further I understand that members who violate this policy may have their membership suspended or revoked.

Signature _____ Date ____/____/____

For Office Use Only

Date application received: ____/____/____

Date application approved: ____/____/____

Application Approved by: _____

Member number: _____