



Membership Application

By completing and signing this form you are agreeing to the following:

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 Chicago events. I agree to abide by LRA Chicago policies and procedures, whether published online, distributed as printed matter, at a facility or event, or posted at a facility or event.
4. I agree to hold harmless LRA Chicago, its Board of Directors, its Officers, its staff (including volunteer staff) and its agents, assigns, successors, and the owners, managers, employees and agents of any facility at which LRA Chicago hosts and event, for any injury to person or property which may occur incident to my attendance at an LRA Chicago event.
5. I swear and affirm that I am not a registered sex offender in any jurisdiction and said status is subject to verification.
6. I agree to abide by the rules and regulations as set forth in the bylaws of LRA, Inc.

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

Required Information

Legal Name:	
Address:	
City/State/Zip:	E-mail address:
*Name and Address must match what is on your ID	(Optional) Scene/FetLife Name:
MEMBERSHIP PLAN	
<input type="radio"/> FULL: \$35 per month (recurring charge)	
<input type="radio"/> ASSOCIATE: \$25 per month (recurring charge)	
<input type="radio"/> TRIAL: \$25 (one-time charge)	
CREDIT/DEBIT#:	EXPIRATION DATE:

Billing Info

Billing dates are the 15 th of each month. Payments may be made via charge, check, or money order.
To sign up online, create an account at: LRA-CHICAGO.ORG/WEBSTORE/
To mail payment: LRA, Inc.; PO Box 57236; Chicago, IL 60657-0236
You will be notified via email once your application has been accepted.
Applications must be received by midnight, WEDNESDAY to attend during member hours the following weekend.

Please allow time for processing. Your member information and the location address will be emailed before member hours on FRIDAY at 8pm.

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

Signature	Date
For Office use only:	
Application Received on:	Member Number: