



The Bears of the West Membership Application

Thank you for your interest in the Bears of the West. We are a non-profit organization, which provides activities for individuals of similar social interests, as well as participate in activities within the local gay community. Membership is open to gay men, who are at least 21 years of age, who share similar social interests, and who agree to abide by the by-laws of the organization. The Bears of the West and their members do not discriminate on the basis of color, race, creed, national origin, religious persuasion, political belief, sexual orientation or physical disability.

To become a member of the organization, please complete this membership application, signifying agreement with the organizations by-laws, and paying the required annually renewable membership dues (see schedule below). The membership application asks for personal identifying information, including: name, address, telephone number, email address and date of birth. All applicants are required to sign the application to certify age. The organization reserves the right to request identification (such as a driver's license) with proof of age from a member. As a member in good standing, you will receive a BOTW membership card, access to all organization activities, and full voting rights at all membership meetings, including annual officer nominations and elections.

Membership Types: We offer three different membership types: Single, Couple, or Extended Household. (The Extended Household membership is reserved for 3 or more partnerships). Partners must reside in the same household and use one application. Partners must renew at the same time and share the same mailing address. In the event that the partnership is dissolved and the parties cease to live together, the balance of the discounted membership fees will become due and payable, in order to maintain all memberships to The Bears of the West. The balance of the discounted fee(s) will not be prorated. Abuse of this privilege can lead to non-refundable termination of one or all memberships.

Single or Primary Member Information:

Printed Name (first & last): _____

E-mail Address: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred phone contact Information: (_____) _____ Home [] Cell [] Other []
May we leave a voice message for you at this number if you do not answer? Yes No

T-Shirt Size: _____

Are there any particular activities, functions, or goals that you would like to see the organization accomplish?

How are you willing to help the organization accomplish these activities, functions, or goals?

Secondary Member Information:

Printed Name (first & last): _____

E-mail Address: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred phone contact Information: (_____) _____ Home [] Cell [] Other []
May we leave a voice message for you at this number if you do not answer? Yes No

Shirt Size: _____

Are there any particular activities, functions, or goals that you would like to see the organization accomplish?

How are you willing to help the organization accomplish these activities, functions, or goals?

An additional Member Information section for the "Extended Household" membership type is located on the reverse of this form.

Membership Fee Information:

Table with 4 columns: Time period within the year, Single Membership, Couple Membership, Extended Household Membership. Row 1: Jan 1st to Dec 31st, 2015, \$30.00, \$50.00, Additional \$20.00 per person.

Your 2015 membership dues are good for the remainder of 2014 and all of 2015.

Membership Type: Single _____ Couple _____ Extended Household _____ Membership Amount enclosed: \$ _____ Check / Money Order # _____

RELEASE OF LIABILITY TO BEARS OF THE WEST - All persons named in this application must sign and date this application.

I understand and agree by my signature below that I will not now, or anytime during my membership to The Bears of the West, hold The Bears of the West, its directors, members, or any other entity associated with The Bears of the West, liable for any type of injury, physical or otherwise, which I may sustain as a result of my participation with the organization known as The Bears of the West. I assume total responsibility for my personal actions. My signature below contains my age being 21 years or older, and also releases the directors, members, or any other entity associated with the Bears of the West, from any and all liability arising from the publication of a personal ad. My signature below also signifies that I agree to abide by the current by-laws of The Bears of the West.

Primary Membership Signature: _____ Date (mm/dd/yy) _____

Secondary Membership Signature: _____ Date (mm/dd/yy) _____

Please mail your completed membership application, along with your Check or Money Order made payable to: The Bears of the West, to:

The Bears of the West. Attn: Membership P.O. Box 33215 Phoenix, AZ 85061-3215

Bears of the West Membership Application – page 2 (for “Extended Household” membership type)

Extended Household Member Information:

Printed Name (first & last): _____

E-mail Address: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred phone contact Information: (_____) _____ Home Cell Other
May we leave a voice message for you at this number if you do not answer? Yes No

Shirt Size: _____

Are there any particular activities, functions, or goals that you would like to see the organization accomplish?

How are **you** willing to help the organization accomplish these activities, functions, or goals?

Extended Household Membership Signature: _____ Date (mm/dd/yy) _____



Please do not write below this line. Reserved for office use only.

Date Membership form received: _____ by _____

Date Membership dues received:: _____ Form of dues received (Check, MO, Cash, Pay-Pal (on-line only)) _____

Date Membership information added to membership database (not member directory) _____

Date membership payment deposited in bank: _____ by _____

Is this a new membership or renewal of existing membership? New Renewal

Date Membership packet (includes membership card) mailed out to applicant: _____ by _____