



# BAY STATE MARAUDERS

## MEMBERSHIP APPLICATION

Application Date \_\_\_\_\_

\_\_\_\_\_ Full Membership \_\_\_\_\_ Associate Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation(s) \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Other leather, BDSM, sgl/glbt, or fraternal clubs or organizations you are involved in (please list):

I verify that I am at least 21 years of age. I subscribe to the Bay State Marauders bylaws and will uphold the rules and vision as outlined. I also affirm that I live in the Boston area.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All information provided will be held **CONFIDENTIALLY** within Bay State Marauders. No mailing list or information is ever shared or sold to any group or business.

Bay State Marauders: P.O. Box 35114, Brighton, MA 02135