



**Sydney Leather Pride Association Inc**  
**PO Box 1524, DARLINGHURST NSW 1300**  
**ABN: 76-818-094-847**

# Membership application

## MEMBERSHIP TYPE

Normal \$45.00 (incl GST) .....

Concession \$30.00 (incl GST) .....   
 Please provide copy of concession card

Individual .....   
 NSW & ACT Residents only

Associate .....   
 Residents outside NSW & ACT

Renewal .....   
 Member Number

Please send me a  
 Calendar of Events .....

## Important

Please PRINT information in the space provided. It is possible that the Executive Committee may ask you to attend a face to face meeting in support of your application. If this is the case, you will be notified in writing by the Association Secretary.

The Association undertakes to reply to your application within six (6) weeks. If this does not occur, please contact the Association Secretary.

## Concession Rates

Concession rates are available to applicants who can provide a Centrelink Pension Card or Unemployment Benefits Card. A Copy of this concession card must accompany this application before a concession rate can apply.

Concession rates are not accepted from outside the Commonwealth of Australia.

## PROPOSERS

New Membership Applications only

### Proposal For Membership

It is a condition of membership that a current member of the Association propose prospective members. Any applicant who is unable to obtain a signature from an existing member should contact the Association Secretary for advice, and possible assistance.

### Proposer

Name .....

Membership No .....

Signature .....

### Applicant

By signing this form, I agree to the following:  
 I am over the age of 18 years; I have received a copy of the Association's constitution; I agree to abide by the constitution; I am aware and respectful of the fact that a majority of members of the Association are Gay, Lesbian, Bisexual and or Transgender.

Signature .....

Dated ...../...../.....

## YOUR DETAILS (\* Mandatory Items)

\*Surname .....

\*First Name .....

\*Address .....

\*Suburb ..... State ..... P/C .....

Home phone .....

Fax .....

Mobile .....

Work phone .....

Email .....

If possible, please provide the Association with a valid email address, as the Association provides regular email updates to members

## PAYMENT

I wish to pay by: (please indicate)

Cheque/Money Order .....

Credit Card .....

Please complete Credit Card Section below

### Card Type

Master       Visa       Bankcard

### Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date ..... / .....

Name printed on Card .....

Cardholder's signature .....