



Indiana Falcons Membership Application

I AM APPLYING FOR ___ FULL MEMBERSHIP ___ ASSOCIATE MEMBERSHIP (\$40/LIFE)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____

ARE YOU A MEMBER OF ANY OTHER LEATHER, BEAR OR FETISH CLUBS: ___ YES ___ NO

IF YES, PLEASE LIST:

WHICH INDIANA FALCONS EVENTS HAVE YOU ATTENDED?

WHY DO YOU WISH TO BECOME A MEMBER OF THE INDIANA FALCONS?

FALCON SPONSORS (3 Full members of the Indiana Falcons must sign this application for FULL MEMBERSHIP and 2 Full members must sign this application for ASSOCIATE MEMBERSHIP)
(Print Names & Sign)

1. _____

2. _____

3. _____

I certify that I am 21 or older and that the information in my application is true and correct. I understand that the Indiana Falcons is a men's fraternal organization founded to provide service to the community and outreach within the Leather community. I agree that should my conduct be deemed inconsistent with the intent and purpose of the Indiana Falcons, that it has the right to revoke my membership at its discretion. I also have the right to withdraw from my association at any time. I understand that Indiana Falcons is not responsible for any transactions between myself and any people I may contact through their events, nor may the organization or its membership be held responsible in any way for my statements or actions. By my signature below, I affirm the above and agree to abide by the requirements and any other policies and procedures established by the Indiana Falcons.

APPLICANT SIGNATURE

DATE

When completed you may give this application to any full member of the Indiana Falcons or mail this application to:

INDIANA FALCONS
C/O Membership Committee
PO BOX 2001
Indianapolis, IN 46206