



Membership Application

Return completed applications to your Sponsor or any other Club Member.
You can contact AML through our website www.ArizonaMenOfLeather.org.
Or from Facebook
<https://www.facebook.com/pages/AML-Arizona-Men-of-Leather/>

Legal Name:			
Nickname:			
Phone:			
Email:			
Mailing Address:			
City, State:		Zip:	
Sponsor's Name:			
Membership Type:	<input type="checkbox"/> Full Membership <input type="checkbox"/> Associate Membership		

Applicant Name (Printed):

Applicant Signature:

Date:

Sponsor's Signature:

Date:



Application for Full Membership

How did you hear about AML? _____

How do you perceive AML to be? _____

How will being an AML Member benefit you? _____

If you become an AML Member, what strengths will you bring to the Club? _____

Are you willing to do volunteer work (Fundraising, Contests, Outreach/Education, Demos)?

Have you been a member of any other Leather, Motorcycle, BDSM/Fetish club, or other community/charitable organization?

Have you held any Leather or other titles?

Describe your participation in and knowledge of the Leather BDSM Fetish Lifestyle:



Liability Waiver

I certify that I am at least 21 years of age and I reside in the state of Arizona.

I certify that I have received and read a copy of, and agree to abide by the terms and conditions of the AML by-laws.

I agree that I will not hold AML, its officers, members or any persons or entities associated with AML liable for any type of injury, loss, or damage of any kind, which I may sustain as a result of my involvement with AML.

I accept total responsibility for my personal actions and I understand that the AML membership reserves the right, by a 75% majority vote, to refuse or terminate my membership or application for membership at any time.

I understand that my personal information on this application shall be retained by AML for its own use and shall not be released to outside parties without my consent.

I understand that any monies paid, including membership dues, or any goods or services I convey to AML are not tax deductible per 501c3 rules.

Full Legal Name _____

Signature _____ Date _____



Photographic Release Statement

I understand that many of the events that AML sponsors or participates in are open to the general public and are held in places open to the general public. I understand that some of these events may be photographed, video recorded, or imaged or recorded by various other means, by various news or other organizations or individuals.

I agree that I will not hold AML, its officers, members, or any persons or entities associated with AML liable for any type of injury, loss, or damage, of any kind, which I may sustain as a result of any such actions by AML or any such organizations or individuals.

From time to time AML may use photographs, digital images, or video of its members in press releases, on its website or in brochures or other publications. (Initial one of the following.)

_____ I consent to allow AML to use my image for such purposes.

_____ I do not consent to allow AML to use my image for such purposes.

Full Legal Name _____

Signature _____ Date _____