

Gold Coast Bare Skins 2019

Application for Membership

Fill out this form completely on your computer, print it, sign it and enclose it with your check in an envelope. Mail it to GCBS at the address below. Incomplete application forms—or applications without the appropriate dues payment—will not be accepted.

First Person

Second Person (at same address)

Name (print first and last)		
Date of Birth		
Is this a new application or have you been a GCBS member before?	<input type="checkbox"/> Never been a member <input type="checkbox"/> Current member (renewal) <input type="checkbox"/> Was past member in _____ (year)	<input type="checkbox"/> Never been a member <input type="checkbox"/> Current member (renewal) <input type="checkbox"/> Was past member in _____ (year)
Cell Phone		
Can you receive text message on cell?	<input type="checkbox"/> Can receive text	<input type="checkbox"/> Can receive text
E-Mail addresses		

Common Info

Home address	
Home Phone	
Is it okay to leave message at my home phone number if I do not answer?	<input type="checkbox"/> Okay to leave a message

Sponsorship or referral

Referring GCBS Member	
Other Gay Nurtist Group Affiliation (FL or elsewhere)	
How did you learn about GCBS? Why do you want to be a member?	
I am willing to volunteer my time to	<input type="checkbox"/> Host a party or event <input type="checkbox"/> Help clean up after an event <input type="checkbox"/> Other _____

Small Print: I apply for membership in Gold Coast Bare Skins (GCBS). I agree to abide by all GCBS rules and regulations. I understand that membership contact information and announcements sent to members at private proprietary information of GCBS and agree not to forward or share such information with non-members unless these non-members are to be my guests at an event. I release GCBS from all claims which may arise during any activity sponsored by GCBS or while traveling to or from such activity. I agree to assume all risks associated with my participation in events sponsored by or publicized by GCBS. GCBS leaders coordinate and host events on the express condition that the organization, its members and leaders shall not be held responsible for any personal injury, damage, loss of property, accident or other loss of any kind, whether alleged to be caused by acts of omission. I hereby release and hold harmless GCBS, its leaders and any and all of its members, from any and all claims, causes of actions, or liabilities related to events where I am a participant.

	<i>First Person</i>	<i>Date</i>	<i>Second Person</i>	<i>Date</i>
Signature(s)				

Annual Dues: \$10 for an individual, or \$15 for two people at the same address. If you join during the months of November or December, your membership will carry over to the end of the following year. Otherwise, all memberships expire on December 31. Members must be at least 21 years of age.

Mail your application and check to: GCBS, PO Box 5072, Ft. Lauderdale, FL 33310-5072

Received : Board Review: Invite to event:	<i>GCBS Office Use Only</i> Amount Paid: \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Membership Paid Through: <input type="checkbox"/> Approved. Board Initial _____	Entered on Database: Entered on Mailing List: New member notified: <input type="checkbox"/> This is a copy, not the original
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