



# First Coast Leather Society

## Associate Member Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Describe your Leather/BDSM experience: \_\_\_\_\_

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Define why you want to join FCLS: \_\_\_\_\_

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First Coast Leather Society members are involved in many different projects. What areas interest you and how could you help:

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**WAIVER or DISCLAIMER**

The First Coast Leather Society is a private, invitation only club. All members, invited guests, and prospective new members agree that any/all information, topics, plans or activities are held as private information. Members are not free to divulge agenda, activities, information, plans, or topics to anyone outside the Society.

I agree to hold the above statement in accordance with the By-Laws of the First Coast Leather Society. I further agree to release the club, members, owners, operators, including but not limited to any persons not mentioned, from any harm, injury, or damage, which may befall me while I attend or participate any club meeting, function, or activity arising out of my attendance and/or participation in the club meetings, functions, or activities.

I further state that I am of legal age and am legally competent to sign this waiver or disclaimer and that I understand the terms herein and will sign with my legal signature this document as my own free act and that I have informed myself of the content of this waiver and/or disclaimer by reading it and signing.

Signature: \_\_\_\_\_

Member Sponsor: \_\_\_\_\_

Member Sponsor: \_\_\_\_\_

**FOR EXECUTIVE BOARD ONLY**

Application Received Date: \_\_\_\_\_ Affiliate Lifetime Payment Received: \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Rejected Date: \_\_\_\_\_

Reason: \_\_\_\_\_