

MEMBERSHIP APPLICATION

[New _____Updated ___]

| Legal Name: | | | | |
|---|---|--|--|--|
| Stage/Drag Name: | | | Line: M | 1FNB |
| Address: | | | | Apt #: |
| City: | | | State: | Zip: |
| Home Phone: Cell Phone: | | ll Phone: _ | Birthday (mm/dd): | |
| Email: | | | | |
| ~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Special Skills or T | raining: (check all that apply) | | | |
| - | | | Public Relations/ Communication Event Management Non-Profit Management Costume Design | . |
| Employer: | ol | b Title: | | |
| Address: | _ | City: | State: | Zip:Work |
| Phone: | Fax: | En | 1ail: | |
| (Make Ch I authorize d | neck payable to: ICWDC or | use PayPal o | MBERS DUES April 1 – Se on web site. Existing Member add me to any ICWDC mailin at the ICWDC may continue to | Dues are \$30) ng list. I understand that I may |
| regarding my me I authorize o | | he release o | f my membership informatio | n to the Board of Directors. |
| and any rules and of the date of my si held by or on beha executor, administ death which might for the benefit of th | regulations officially adopted ignature below. I will obey all llf of the ICWDC or at which rator or assigns, to protect a occur to me or to my prope he ICWDC, and from any and | l by the ICWE applicable la represent m nd indemnify rty in prepara all liability w | DC. The information I have provi ws in connection with my partici yself as a member of the ICWDO and hold harmless the ICWDC f ation for, during, or immediately hatsoever that may occur as a re | |
| Applicant's Legal | Signature: | | D | Date: |
| Accepting Board | Member's Signature | | | |
| This MEMBER | | | igned and dated by the applic sed CODE OF CONDUCT Form | |