

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:				
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Special Skills or T	raining: (check all that apply)			
-			Public Relations/ Communication Event Management Non-Profit Management Costume Design	<b>.</b>
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	