

Membership Application

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Tel.: _____

Email Address: _____

* I attach a donation for (circle one) \$5 \$25 \$50 \$Other

I hereby apply for membership in the San Francisco Lesbian Gay Bisexual Transgender Pride Celebration Committee, Inc., agree to be bound by the **policies and procedures of SFLGBTGCC**, confirm that I am 18 years of age or over, and support the **Mission Statement**.

Signed: _____

Date: _____

Please send to:

**San Francisco Pride
Membership Application
1800 Market St., PMB #5
San Francisco, CA 94102**

Upon approval, membership information will be sent to you.

* There is no membership subscription fee but we do ask you to consider a minimum donation of \$5 to cover the costs of meetings, mailings etc. If you can make a larger donation, that would be great and anything in excess of \$5 we will place in our "New Venues Fund" which goes to help start up new stages and venues at the Celebration which embrace the diversity of our communities.