

LGBT PA Caucus Membership Application

2010

Legal Name: _____ Preferred Name (if applicable): _____

Mailing Address: _____ Mail Welcome Do Not Mail

City: _____ State, Zip: _____

Email 1: _____ Emails Welcome Do Not Email

Phone 1: _____ Home Work Cell Calls Welcome Do Not Call

Phone 2: _____ Home Work Cell Calls Welcome Do Not Call

The Caucus has maintained the confidentiality of our members contact information for 30 years. In this technological age of emails and cell phones, "closet status" is no longer limited to "in" or "out", members can designate contact preferences for each contact method.

Optional Demographics help us understand who our members are and where we need to do more outreach.

I identify as (*check as many boxes as are applicable*):

Sexual Orientation: Gay/Lesbian/Queer Mostly Gay/Lesbian/Queer Bisexual Mostly Straight Straight

Gender Identity: Male Female Genderqueer – Preferred Pronouns: _____

Do you identify as Transgender? Yes

Date of Birth: _____ Race/Ethnicity: _____

Area of practice/interest: _____

I may be interested in volunteer leadership opportunities, please contact me.

Membership Type:

			Amount Paid
Fellow PA	\$50	AAPA Number: _____	\$ _____
Fellow PA Household	\$75	Non-PA partner's Name: _____	\$ _____
Student	\$10	Anticipated Graduation Month/Year: _____	\$ _____
Friend	\$35		\$ _____

I would like to make the following one time donations:

YOUR TOTAL ANNUAL DONATION OF \$500 OR GREATER QUALIFIES YOU FOR RECOGNITION AS A MAJOR DONOR

I PREFER TO REMAIN ANONYMOUS

Unrestricted Fund – Use it where it's most needed \$ _____

Award Fund: Student Scholarship \$ _____

Award Fund: Host City Campaign \$ _____

Endowment Fund \$ _____

TOTAL \$ _____

Method of Payment of one time donations:

I already paid online at lbgpa.org
PayPal Confirmation Number _____

Date of Payment: _____

Amount of PayPal Payment: \$ _____

Check made payable to "LBGPA Caucus" include with this form

BECOME A MONTHLY DONOR and support the LGBT PA Caucus Endowment Fund!

The PA Foundation may make monthly charges to my VISA MasterCard AmEx in the amount of \$ _____

Credit Card Number _____ CC Exp Date: _____

Name as it appears on credit card _____

Signature: _____ Today's Date: _____

Mail form to: Carol Reed PA, 4906 White Horse Drive, Greensboro, NC27410 **or fax to: 1-208-730-6920**

Because the LGBT PA Caucus is a 501(c)(3) charitable organization (FEIN#39-1731476), your donations, including your member dues, are tax deductible to the fullest extent permitted by law.