



Membership Form

Return completed form to:

Muskegon Pride Secretary
j.e.wolever@gmail.com OR
Muskegon Pride Monthly Meeting
Third Thursday at 7:00PM

Responses will be kept strictly confidential. Member statistics may be published by individual responses will remain anonymous. Data will not be sold or shared and will be used for the sole purpose of directing programming and activities.

Legal Name _____
(required for background check, to keep members safe)

Chosen Name _____

Date of Birth ____/____/____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Can Muskegon Pride communicate with you via:

- Text Email

Member Expectations

What do you expect Pride to provide to you personally?

What do you expect Pride to provide to the community?

Member Involvement

Would you like to be contacted for any of the following reasons?

- Volunteer Event Speaker Sponsor

Pride Committees

Would you like to be considered for any of the following committees?

- Social Media Pride Event Fundraising/Grants
 Membership Community Events and Education

Demographics (Optional)

Pronouns _____

Gender Identity _____

Sexual Orientation _____

Race/Ethnicity _____

Relationship Status _____

Employment/Student Status _____

How did you hear about us?

Membership Details

Category

- General Member
 Contributing Member (one-time contribution)
 Sustaining Member (reoccurring contribution)
 Corporate Sponsor (reoccurring contribution)

If you selected a contribution category, please indicate amount below.

\$ _____ One-time Monthly Yearly

How would you like to be contacted for your payment?

By completing this application, you will be subject to a background check. Information from this check will most likely not result in membership denial, but may be used to guide the Board in determining appropriate activities or committees for the member. All information will be kept confidential.

Signature _____

Date ____/____/____