Tampa Bay Bondage Club Membership Application

Name:		Nickname:_	-
Address:			
City:	State:	Zip:	
Phone:	Email Addres	ss:	
Other club affilations	(if any):		
Name to Appear on Offi	cial Club Badge:		
Membership type desire	d Regular	_ Or Associate	<u> </u>
Sponsor(s)		(Associate member	ship requires two sponsors)
Kink Interests: B&D:_	_ S&M WS_	JO FISTING_	OTHER
Major Focus: Top	Bottom Versati	ile Exhibitionist	Voyeur
Why do you want to be a	a member of T.B.B	3.C:	
What can you contribute	e to the Club:		
Please list Some of your C&B, BRANDING, RO WAXING, or Anything of	PE BONDAGE, FI	LOGGING, FISTING	. Play as Top or Bottom, Voyeur , ELECTRODE PLAY,
Application and hand it	in at any event or I ules of the club. I A	Email it to: <u>Clubinfo@</u> .ssume full responsibil	00 Pledge Fee. Download TampaBayBondageClub.org ity for my actions, and will not to the club events
Signed		Date: /	1