ASIAN LGBT GROUP – MEMBERSHIP FORM

Personal Information

First Name: _____ Last Name_____

Date of Birth: _____ Language(s) Spoken: _____

Gender: ☐ Male ☐ Female ☐ Other: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Disability (if any):

Sexual Orientation: ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Transgender ☐ Heterosexual/Straight ☐ Prefer not to say

Contact Details

Address: _____

Phone: _____ Email: _____

Membership Questions

1. Why do you want to join the Asian LGBT Group?

_____

_____

_____

_____

2. Are you interested in volunteering with us? ☐ Yes ☐ No

3. Are you interested in joining our meet-up group? ☐ Yes ☐ No

4. Are you interested in joining our social activities? ☐ Yes ☐ No

5. How did you hear about us? _____

Consent

I agree that the Asian LGBT Group may store and use any photographs taken of me during social activities for use on its website and social media platforms. ☐ Yes ☐ No

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Declaration

I, _____, confirm that I have read and understood the Terms and Conditions of the Asian LGBT Group. I agree to cooperate fully with the group and to treat all members with respect.

Signature: _____ Date: _____

Supporting Information & Group Policy

- Membership of the group is free. We do not request or accept any form of donation or payment from members.
- The group has never issued membership cards, ID cards, or similar materials since its establishment in 2014.
- Membership confirmation letters are issued only after a member has attended at least six meetings.
- All official letters and emails are verified and can be confirmed by contacting us directly at info@asianlgbt.com
- If you wish to verify any membership, designation, or correspondence claiming to be from the Asian LGBT Group, please contact us for confirmation at info@asianlgbt.com.
- Any misuse of the group's name, identity, or materials will be treated seriously and reported appropriately.

For any questions or clarifications, please contact us via info@asianlgbt.com

For Office Use Only

Name of Authorised Person/Interviewer: _____
Designation: _____
Signature: _____ Date: _____