



## DOMINAE OF THE CAROLINAS

### CONTRIBUTORSHIP APPLICATION

Contributor #

To maintain the safety, security, and privacy of all of our contributors, Dominae Of the Carolinas requires a detailed vetting process which includes but is not limited to a public background check, a review of your FetLife profile, and communicating with your listed references.

The sole person to handle this information is the current Contributorship Director who has a thorough and detailed process to maintain your privacy during and after the vetting process. To that end, upon receipt of this application, this form will be placed in a lockbox for transport before the process begins. Following the completion of the vetting process, **page one (this page) will be shredded to protect and ensure your own privacy**. No information provided on this page will be kept in any form or fashion following the vetting process. By completing the information below and signing, you understand our process and are consenting to our vetting process.

<i>Legal Name:</i>			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
<i>Address:</i>			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<i>References:</i>			
	<i>FetLife Screen Name 1</i>	<i>FetLife Screen Name 2</i>	<i>FetLife Screen Name 3</i>
<i>Legal Name (Printed)</i>	<i>Legal Name (Signature)</i>	<i>Date</i>	

*To Be Completed by Contributorship Board Member:*

		<i>Board Initial</i>
<i>NC/SC DL/ID #</i>		
<i>Expiration:</i>		
<i>Verify Name &amp; DOB:</i>		
<i>Verify Address:</i>		



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**Contributor #**

I do hereby understand and consent to the vetting and application processes. That following the vetting portion of the application process page two (*this page*) shall be protected by lockbox and the first page will be shredded for my protection.

Following the vetting portion of the process the Contributorship Director will present their findings to the Board Members for their understanding, review, and consideration for approval. I understand that it takes a majority vote, the submission of questionnaires, and payment of my annual contribution in order for me to become an actual contributor. Upon the completion of this thorough application process, I will be notified of the status of my application and, if approved, will receive my Contributor number and card along with additional information, which will be useful to me to enjoy the benefits of my Contributorship.

By signing my screen name below, I am acknowledging that I have also received, read, and thoroughly understand the Bylaws and Rules and Etiquette documents and agree to adhere to them throughout the duration of my Contributorship.

<b>Contact Info:</b>			
	<i>FetLife Screen Name</i>	<i>Kink-Friendly Email</i>	<i>Primary Phone*</i>
<b>Personal:</b>			
	<i>Birthdate (Month and Day only)</i>	<i>Birth Gender</i>	<i>Gender Identification</i>
<i>Name (Signature)</i>		<i>Date</i>	

\*Phone calls will ONLY be made in case of an emergency.

#### **For Board Use Only:**

Below are the Board Members who have reviewed the information provided and researched and subsequently have approved the applicant to become a full-fledged contributor in good standing.

<i>Name (Signature)</i>	<i>Date</i>	<i>Name (Signature)</i>	<i>Date</i>
<i>Name (Signature)</i>	<i>Date</i>	<i>Name (Signature)</i>	<i>Date</i>

Vetted Background:		NDA Signed:		Member Fee Paid:	
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