



Santa Clara County Leather Association

Membership Application (rev. 06/2017)

Membership Committee

PO Box 61253
Palo Alto, CA 94306

Date of application: _____ [] New application [] Renewal

Legal name: Last: _____ First: _____ MI: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

E-mail address: _____

Membership card name, if different than legal name: _____

[] Check this box if you DO NOT wish to be ADDED to the SCCLA Members only online groups.

The above information will only be accessible by the SCCLA membership committee as necessary and will not be shared with anyone without your prior permission except for in an extreme emergency situation.

Membership Oath

By my signature below I agree to abide by the common standards of the Santa Clara County Leather Association, including the Code of Conduct. I promise never to bring dishonor to the SCCLA, and to hold as first priority in all SCCLA activities the well being of my fellow members, my community and my club. I understand that SCCLA is a participatory organization and therefore to ensure the health, success and well being of the club I commit to meet, at a minimum, the annual service requirements of club membership. I understand the SCCLA is an adult leather/BDSM social organization and certify that I am legally 18 years of age or older. I also understand that SCCLA from time to time sponsors events with legally-required attendance age restrictions, and acknowledge that if I am underage for an event, I am not eligible to attend, even though I am a member.

Code of Conduct

- ⑩ All SCCLA members are equal in status within the club.
- ⑩ We treat each other with common courtesy and respect.
- ⑩ We respect the privacy and confidentiality rights of others.
- ⑩ We refrain from participating in gossip.
- ⑩ We agree that no means no.
- ⑩ We uphold the good name of the SCCLA in public and present a positive image of our club.

Signature (Legal Name) Date
(Please obtain the endorsement signatures of two current SCCLA members in good standing)

Member Name/ Membership # (Print) Member Signature Date

Member Name/ Membership # (Print) Member Signature Date

-----To be completed by the Membership Committee-----

ID/Age Verified by (New only): _____ Date: _____



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