



**Membership Form**

Completion and Submission of this form creates your membership in Gallup Pride Inc. and includes and the rights, privileges and responsibilities outlined in the organization's bylaws. Your membership is valid for one year from the date of this form. *Your information will only be used by Gallup Pride Inc. for official business and will not be given to other businesses or agencies.*

**Required Information:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Alternate email address: \_\_\_\_\_

**Optional, but very helpful, information:**

Race(s) \_\_\_\_\_ Ethnicity(-ies)/Tribe(s) \_\_\_\_\_

Profession/skills \_\_\_\_\_

What is your identified gender (male, trans-male, female etc.): \_\_\_\_\_

How do you describe your sexuality (gay, bi, etc.): \_\_\_\_\_

How "out" are you (Herbert Hoover closet, my friends and co-workers know, President of Lady Gaga's fan club etc.) \_\_\_\_\_

How did you hear about us \_\_\_\_\_

Give us a brief bio about yourself \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_