



SigMa Membership Application / Renewal

SigMa, Inc.
PO Box 76335
Washington, DC 20013
www.sigmadc.org

NAME (required)
(please print)

_____ (Last Name) _____ (First Name) _____ (Nick Name)

EMAIL _____ @ _____
An email is required

_____ **ADDRESS** (optional) _____ City _____ State _____ Zip

Please indicate if you would be interested in participating in any of the following:

- | | |
|--|---|
| <input type="checkbox"/> SigMa Board Member | <input type="checkbox"/> Fundraising / Donations |
| <input type="checkbox"/> Website Support | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Social Media Networking | <input type="checkbox"/> Club Equipment Building/Repair |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Educational Demo Events |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Clubhouse Maintenance |

Optional: The answers to the following questions will help SigMa in its program planning.

How long have you been participating in bdsm/s&m/kink or related activities?

- | | |
|----------------------|-------------------|
| ___ Less than 1 year | ___ 3 to 10 years |
| ___ 1 to 3 years | ___ Over 10 years |

How do you view yourself in bdsm/s&m/kink or related activities?

- | | | |
|-------------------|----------------------|-------------|
| ___ Always a Top | ___ Usually a Bottom | |
| ___ Usually a Top | ___ Always a Bottom | ___ 50 / 50 |

RELEASE (Your Signature and Date Are Required)

This is to acknowledge that I participate freely and voluntarily in the events and activities sponsored, hosted, or sanctioned by SigMa, Inc. I understand the nature and extent of such participation and specifically assume any and all such risks that participation may involve or entail. I agree to hold SigMa, Inc., its Board of Directors, officers, agents, and representatives, as well as those providing the premises and facilities for such activities and events, harmless from any and all personal injury or loss of personal property resulting from my participation.

I certify that I am eighteen (18) years of age, or older.

I acknowledge that I have read and understand this release.

_____ (Signature) _____ (Date)

Cost to join - \$90.00 Cost to renew - \$80.00