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| **Personal Information** | | | |
| First Name: |  | | |
| Last Name: |  | | |
| Phone: |  | (Optional)  Pronouns: |  |
| Address: |  | | |
| City: |  | Postal Code: |  |
| Email: |  | | |
| Membership Fee: | Suggested Amount - $15 | | |
| Method of Payment: | ☐ Cash ☐ E-Transfer ☐ Cheque ☐ Other | | |

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| **Photography Permission** |

YES  NO I hereby grant permission to the Tri-Cities Pride Society to take photographs of me. These pictures may be used in Tri-Cities Pride publications and on the group’s website and social media at any time for the purpose of promotion and celebration of the society and/or its causes.

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| **Preferred Method of Contact** |

Email  Phone  Lettermail  Other: