



FemDom Circle Membership Application

Name: _____			
Mailing Address: _____			
City _____	State: _____	Zip: _____	
Phone: _____	Date of Birth: Month _____	Date _____	
Email: _____			
Scene Name: _____		Orientation: _____	
Membership Goals: (<i>Circle one or all if they apply</i>) Education Socialization Play			
Topics for education interested in: _____			

This application is for: (<i>Check one</i>) <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Triad			
Name(s) of other Lifestyle Organizations you belong to: _____			

IMPORTANT—PLEASE READ BEFORE SIGNING

By applying for membership consideration in FemDom Circle, I hereby acknowledge that I am 18 years of age or older. I apply for membership freely and recognize that any and all information I have provided is true and accurate.

I also recognize and agree that I will comply with the FemDom Circle principles of tolerance of others and agree to appreciate and tolerate others' points of view even if they don't agree with my own.

I declare that my application for membership is made of my own free will and therefore declare that any choices I may make as a result of my attendance at any sponsored or co-sponsored activities as offered by the FemDom Circle are independently made by me and no claims will now or in the future be made by me against the FemDom Circle, its' leadership, and/or membership.

Signature _____ Date _____

Membership cards received at first meeting attended

One Year Membership			
\$25/single	\$45/couple	\$65/Triad	Single Submissive \$48