



# Associate Application

Want to become more involved with the New England Leather Alliance? Make a \$25 donation to NELA for an Associates Benefits Card

PLEASE MAKE YOUR CHECK OR MONEY ORDER IN U.S. FUNDS PAYABLE TO: "NELA"

Please print a hard copy of this page. When filling out the form, please print legibly.

Mailing Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (optional): (\_\_\_\_) \_\_\_\_\_

Name as it should appear on your card: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION (Optional)

Age: \_\_\_ 18-29 \_\_\_ 30-39 \_\_\_ 40-49 \_\_\_ 50-59 \_\_\_ 60+

Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Transgender \_\_\_ Other

Orientation: \_\_\_ Bisexual \_\_\_ Gay/Lesbian \_\_\_ Heterosexual \_\_\_ Pansexual

Check off any appropriate statements:

- I would like to help with the Fetish Fair Fleamarket
- I would like to help with the Scarlet Leather
- I would like to work on education and outreach to the non kinky community
- I would like to work on internal outreach to fellow kinksters
- I would like to present my expertise at a demonstration/class. (Please enclose details with this application).

Please mail completed form (plus check or money order):

NELA  
P.O. Box 35728  
Brighton, MA 02135