



## Application for Membership

**By completing and signing this Application for Membership, I am agreeing to the following:**

Lesbian Sex Mafia is a social and educational organization for women who have a positive personal interest in BDSM with other women. Our tenets are safety, consensuality, confidentiality and the right of women to explore their sexuality as they choose. Membership in Lesbian Sex Mafia (LSM) is open to all women 18 years of age or older including transsexual and intersexed women who live their daily lives as women, and all female-born transgendered persons. LSM is a not-for-profit organization, formed under the laws of the State of New York as LSM-NYC, Inc.

**Becoming a Member:** Applicants for Membership must complete an LSM Orientation/Safety Procedure and submit a completed and signed Application for Membership.

**Active Membership:** Active Membership is the result of the approval of an Application for Membership, completion of the Orientation/Safety Procedure and payment of Annual Dues, unless granted an Annual Dues Waiver. No woman shall be refused Membership based on ability to pay. Annual Dues Waivers are granted upon confidential application to the Treasurer. Annual memberships expire on December 31<sup>st</sup> of each year. Memberships are not transferable or refundable. Active Membership is maintained thereafter by observance of the basic tenets of LSM and payment of Annual Dues, or application for and granting of an Annual Dues Waiver.

**LSM Rules:** I agree to abide by the rules of safety, consensuality, and confidentiality of LSM, and all LSM event rules and posted venue rules. I understand and agree that should any conduct be deemed to be inconsistent with the essential tenets of LSM, that LSM has the right to rescind my membership. I certify that I am at least 18 years of age and am not acting in the capacity of or in association with any law enforcement, media, or religious organization. I swear/affirm that I am not a registered sex offender in any jurisdiction. I understand that prostitution of any kind is absolutely prohibited at LSM meetings and events.

**Email:** By providing an email address I consent to receive LSM communications by email. I also consent to being contacted at my address and/or phone number, if provided. I understand that e-mailed and mailed materials may include sexually explicit content. I understand that it is my responsibility to notify LSM promptly of changes in my email address or contact information.

**Release, Waiver of Liability, and Assumption of Risk:** I understand that LSM is not responsible for the behavior of individuals who are members of the organization and that membership in LSM does not constitute an endorsement of an individual or her behavior by LSM.

I fully understand that BDSM activities involve physical and emotional risks and dangers and I fully accept and assume all such risks and all responsibility for losses, costs, injuries and damages, real or imagined, emotional or physical, that result directly or indirectly from my attendance and/or participation at any LSM meeting or event.

I hereby release, discharge, and covenant not to sue LSM-NYC, Inc., its Board, Officers, members and agents, and to the extent applicable, owners, lessors, managers, employees and agents of any premises in which LSM meetings or events take place, (each considered one of the Releasees herein) from any and all liability, claims, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.

I have read and understand the above Application for Membership, including but not limited to the Release, Waiver of Liability, and Assumption of Risk therein, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this Application for Membership is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**I hereby apply for membership in the Lesbian Sex Mafia (LSM):**

Legal Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name to Use Within LSM: \_\_\_\_\_

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

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

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

Phone Number(s): \_\_\_\_\_

***LSM NEVER Sells or  
Trades its Mailing List!***

For LSM Use Only: \_\_\_\_\_ Date Dues Paid: \_\_\_\_\_ Dues Received By: \_\_\_\_\_