

Stonewall Libertarians

Membership Application

Courtesy Title (Mr., Ms., Mrs., Dr.): _____ E-Mail Address: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City _____ State _____

Zip Code _____ Occupation _____ Cell Phone: _____

Home Phone (Optional): _____ Business Phone(Optional): _____

Date of Birth (Optional): _____

Check all that apply (Optional) : Gay _____ Lesbian _____ Straight _____ Bi-Sexual _____

Transgender _____ Questioning/Uncertain _____ Other _____

What talents, skills, contacts or resources are you willing to offer Stonewall Libertarians?

What other G.L.B.T., LP or libertarian organizations are you currently a member of?

Are you willing to take on a leadership role in Stonewall Libertarians? Yes _____ No _____

BASIC MEMBERSHIP: FREE but involvement is limited to participation on line. Basic members are non-voting national members and are not considered members of any locally chartered chapter.

SUSTAINING MEMBERSHIP: \$20.00 through 12/31/07. Allows you to be a full voting member of the national organization and of any chartered chapter in your state.

CHAPTER LIFE MEMBERSHIP: \$200.00 makes you a voting Life Member of one designated chapter at any one time for the remainder of your life. Please indicate which state (or Washington D.C.) chapter you wish to designate at this time (if there is no chartered chapter in your area, your Life Membership will be activated locally once a chapter has been formally chartered) _____

NATIONAL LIFE MEMBERSHIP: \$400.00 makes you a voting Life Member of the national organization and of every chartered chapter of the Stonewall Libertarians for life.

Please return this entire Membership Application with your check or money order made payable to "Stonewall Libertarians" to Stonewall Libertarians, c/o Dr. Tom Stevens, 331 Willis Avenue, 2nd Floor, Mineola, NY 11501. If you have any questions, e-mail Dr. Tom Stevens, the Founder of Stonewall Libertarians, at DrTomStevens@aol.com or call him at 718-357-7075.