

# **The LGBTQ+ Foundation of Kansas**

## Membership Application Form

Please fill out the items below and email the completed form to [lgbtqkansas@gmail.com](mailto:lgbtqkansas@gmail.com)

First Name :

Last Name:

Pronouns:

Date of Birth\*:

Address:

City:

Zip Code:

State:

Phone Number:

Email:

T Shirt size (Unisex):

Areas of Interest (What are your skills and passions? How are you involved in your community and/or other organizations?)

Membership Fee Preferred Payment Method (Membership fee is \$30, annually):

*Membership to the LGBTQ Foundation of Kansas includes one (1) T-shirt of your choice from our store (excluding long-sleeve styles). As an active member, you will be able to make your voice heard through voting on the direction of projects and the leadership team (Board of Directors). You will help determine what resources are most essential for the queer people of Kansas.*

*After you have been approved, a member of leadership will contact you to process membership fees and guide you through the necessary information for full membership! At this time, we may ask if you would like to include your information in our community database. This database helps connect LGBTQ+ people to support, healthcare, employment resources, and more!*

*\*Members must be at least 17 years of age at time of application submission.*