



**SONORAN GAY RODEO ASSOCIATION**  
*AN LGBTQ ORGANIZATION SERVING THE SOUTHERN ARIZONA COMMUNITY*  
**(SGRA)**

## Membership Application

New Member     
  Renewing Member     
  Change of Contact Information

Date	First Name	Last Name	
Alias		Birthday	
Address			
City		State	Zip
Home Phone	Cell Phone	Other	
Email			
<input type="checkbox"/> <b>Do NOT add me to the SGRA Members Yahoo Group or other internet groups.</b> <i>(Note: Checking this box will limit your receipt of most SGRA group communications including the newsletter.)</i>			
Mailing Address (if different from above)			
City		State	Zip
Please Check <u>one</u> :		Are you a rodeo contestant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> It is OK to use my full name in the SGRA Newsletter. <input type="checkbox"/> Please use <i>only</i> my alias in the newsletter.			
<b><u>INDIVIDUAL MEMBERSHIP CATEGORIES</u></b>			
<input type="checkbox"/> <b>General</b>	Requires completed application and an annual due of \$35.00. General members will receive SGRA membership card and shall have a one (1) vote privilege. Individuals only. Must be 18 years of age or older.		
<input type="checkbox"/> <b>Commercial</b>	Requires completed application and an annual due of \$50.00. Commercial members will receive SGRA membership card and shall have a one (1) vote privilege.		
<input type="checkbox"/> <b>Honorary</b>	Requires completed application. Honorary members will receive SGRA membership card and shall have a one (1) vote privilege. Honorary members are selected by the SGRA Board of Directors.		

*The Sonoran Gay Rodeo Association shall not engage in any discrimination, whether related to gender, physical handicap, race, religion, creed, sexual orientation, age or national origin*  
**PLEASE SIGN WAIVER ON THE REVERSE SIDE OF FORM**

**THIS APPLICATION AND WAIVER MUST BE SIGNED TO BE VALID!**

By signing this Membership Application, the undersigned applicant agrees to comply with the Bylaws and Standing Rules of Procedures of SGRA and IGRA.

The undersigned does hereby agree to protect and indemnify and hold harmless SGRA and IGRA from any and all damage, injury or death which might occur to the undersigned or to the undersigned's property in preparation for, during or immediately following any function held by or for the benefit of SGRA.

<b>Applicant's Signature</b>	<b>Date</b>
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Mail this application with a check for your membership dues made payable to “**SGRA**” to:

**Sonoran Gay Rodeo Association  
1332 E. Big Rock Road  
Tucson, AZ. 85718  
520-308-7975**

**FOR OFFICE USE ONLY:**

<b>Date Received:</b>
<b>Amount Received:</b> <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order
<b>Membership Processed and Card Sent on:</b>

## Demographic Page

Please understand that the information you provide in the answers below is not mandatory. Answer in any terms you feel are appropriate in describing yourself and your volunteer interests.

This information is used by SGRA to better survey the communities we serve.

How did you hear about The Sonoran Rodeo Association?

- Friends                       LGBTQ Organization  
 Print Media                 IGRA  
 Internet                       Other (Please Specify) \_\_\_\_\_

### **What SKILLS do you ALREADY have that you are interested in utilizing as a volunteer?**

(Check all that might apply. Please check only the skills you are willing to share with SGRA)

- |  |  |
|--|--|
| <input type="checkbox"/> Computer Education                | <input type="checkbox"/> Lawyer / Legal                    |
| <input type="checkbox"/> Computer Maintenance              | <input type="checkbox"/> Phone Skills                      |
| <input type="checkbox"/> Computer Use                      | <input type="checkbox"/> Photography                       |
| <input type="checkbox"/> Data Entry                        | <input type="checkbox"/> Repair / Construction             |
| <input type="checkbox"/> Decorating / Design / Visual Arts | <input type="checkbox"/> Research (Community Information)  |
| <input type="checkbox"/> Electrical                        | <input type="checkbox"/> Sign Language Interpreting        |
| <input type="checkbox"/> Event / Party Planning            | <input type="checkbox"/> Spanish Language skills (fluent)  |
| <input type="checkbox"/> Filing / Office Skills            | <input type="checkbox"/> Video                             |
| <input type="checkbox"/> Fundraising                       | <input type="checkbox"/> Writing / Editing / Proof Reading |
| <input type="checkbox"/> Grant Writing (experienced)       |  |
| <input type="checkbox"/> Graphic Art                       | <input type="checkbox"/> OTHER: _____                      |

**Are you:**

- Female     Male     MtF     FtM     Other \_\_\_\_\_

**Race/Ethnicity (please mark ALL that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Caucasian/White  |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Hispanic/Latino/a      |   |

**Age:**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66+   |

**Are you:**

- Bisexual     Gay     Heterosexual     Lesbian     Questioning/Unsure  
 Other \_\_\_\_\_

**What is your disability status?**

- None     Yes, I Have a Disability (details optional): \_\_\_\_\_