

SANTA CLARA COUNTY



Santa Clara County Leather Association

Membership Information

(Last revision: 05/05/2006)

The Santa Clara County Leather Association is a social and educational leather club. To nurture the club and support community, we perform outreach to new leather folk and sponsor some fundraising events for charity. The SCCLA is a pansexual group, rooted in the gay and lesbian leather community. We are open to all orientations and genders.

As a member of SCCLA you have the right to:

- Carry an SCCLA membership card
- Wear an SCCLA patch
- Identify yourself as a member of SCCLA
- Vote on SCCLA club decisions
- Conduct, on approval of the club, "official" business for the SCCLA, such as facilitating the SCCLA Business Meeting, entering into a business contract on behalf of the SCCLA and handling money at SCCLA events.

How do I join?

Apply for membership in person at any SCCLA Business Meeting:

1. Complete the Membership Application
2. Read and agree to a Code of Conduct
3. Sign the Membership Oath
4. Pay annual dues of \$10 due June 1st of each year
5. Submit your completed, signed membership application in person along with a picture ID (that verifies you are 18 years of age or older) and a check for annual dues made out to: SCCLA

SCCLA Business Meetings are held from 7-9 p.m. on the first Thursday of each month at:
The Billy DeFrank LGBT Community Center
938 The Alameda
San Jose, CA 95126

SCCLA dues are allocated to fund SCCLA operating expenses and are not pro-rated. No person will be denied membership due to an inability to pay annual dues. Members and potential members can apply for a Fiscal Hardship Waiver by requesting it on their membership application or renewal.

For additional information contact: info@sccleather.org

SCCLA Membership Application

Please Print Legibly

Legal Name: _____
(Last) (First) (MI)

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Optional, please include area code): _____

Email Address: _____ Membership Card Name: _____
(If different than legal name)

Check this box if you DO NOT wish to be ADDED to or if you want to be REMOVED from the SCCLA Members only group.

The above information will only be accessible by the membership committee as necessary and will not be shared with anyone without your prior permission except for in an extreme emergency situation.

Membership Oath

By my signature below I agree to abide by the common standards of the Santa Clara County Leather Association, including the Code of Conduct. I promise never to bring dishonor to the SCCLA, and to hold as first priority in all SCCLA activities the well being of my fellow members, my community and my club. I understand that SCCLA is a participatory organization and therefore to ensure the health, success and well being of the club I commit to meet, at a minimum, the annual service requirements of club membership. I understand the SCCLA is an adult leather/BDSM social organization and certify that I am legally 18 years of age or older. I also understand that SCCLA from time to time sponsors events with legally-required attendance age restrictions, and acknowledge that if I am underage for an event, I am not eligible to attend, even though I am a member.

Code of Conduct

- All SCCLA members are equal in status within the club.
- We treat each other with common courtesy and respect.
- We respect the privacy and confidentiality rights of others.
- We refrain from participating in gossip.
- We agree that no means no.
- We uphold the good name of the SCCLA in public and present a positive image of our club.

Please check one:

New (Obtain the referral signatures of two current SCCLA members)

Member Name (Print) Member Signature Date

Member Name (Print) Member Signature Date

Renewal (List the two events at which you provide service for SCCLA in the last year)

Event Name (Print) Date

Event Name (Print) Date

Signature (Legal Name) Date

-----To be completed by the Membership Committee-----

ID/Age Verified by (New only): _____ Date: _____

Membership #: _____ Date Issued: _____ Issued By: _____