

LGBT PA Caucus Membership Application

Membership Year: January through December

Legal Name: _____ Preferred Name (if applicable): _____

Mailing Address: _____ Mail Welcome Do Not Mail

City: _____ State, Zip: _____

Email 1: _____ Emails Welcome Do Not Email

Phone 1: _____ Home Work Cell Calls Welcome Do Not Call

Phone 2: _____ Home Work Cell Calls Welcome Do Not Call

The Caucus has maintained the confidentiality of our members contact information for 30 years. In this technological age of emails and cell phones, "closet status" is no longer limited to "in" or "out", members can designate contact preferences for each contact method.

Optional Demographics help us understand who our members are and where we need to do more outreach.

I identify as (*check as many boxes as are applicable*):

Sexual Orientation: Gay/Lesbian/Queer Mostly Gay/Lesbian/Queer Bisexual Mostly Straight Straight

Gender Identity: Male Female Genderqueer – Preferred Pronouns: _____

Do you identify as Transgender? Yes

Date of Birth: _____ Race/Ethnicity: _____

Area of practice/interest: _____

I may be interested in volunteer leadership opportunities, please contact me.

AAPA Number: _____

Non-PA partner's Name: _____

Anticipated Graduation Month/Year: _____

Membership Type:	Amount
Fellow PA	\$50 \$ _____
Fellow PA Household	\$75 \$ _____
Student	\$10 \$ _____
Friend	\$35 \$ _____

YOUR TOTAL ANNUAL DONATION OF \$500 OR GREATER QUALIFIES YOU FOR RECOGNITION AS A MAJOR DONOR

I PREFER TO REMAIN ANONYMOUS

I would also like to make the following donations:

Unrestricted Fund – Use it where it's most needed! \$ _____

Awards (*Student Leadership, LGBT Health Achievement, Host City*) \$ _____

Advocacy (*Delegate Relief Fund, Support Legislative Visits*) \$ _____

Endowment Fund \$ _____

TOTAL \$ _____

Your donations can be made as a one-time payment, or as a sustaining monthly donation.

The LGBT PA Caucus may charge to my VISA MasterCard AmEx in the amount of \$ _____

Make this a one-time Payment.

Make this a monthly donation!

Credit Card Number _____ CC Exp Date: _____

Name as it appears on credit card _____

Signature: _____ Today's Date: _____

Mail form to: PA Jeremy Nelson, Treasurer, LGBT PA Caucus, 2024 Bluffwood Circle, Coralville, IA 52241

Because the LGBT PA Caucus is a 501(c)(3) charitable organization (FEIN#39-1731476), your donations, including your member dues, are tax deductible to the fullest extent permitted by law.