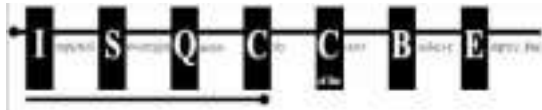


## Appendix A - Membership Form



### Imperial Sovereign Queen City Court of the Buckeye Empire, Inc. MEMBERSHIP FORM

Legal Name: \_\_\_\_\_  
 Stage Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth (Month / Day / Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Consent Given to List name in Coronation Program? **YES** **NO**

If **YES**, please note your preferred name you want in the program: \_\_\_\_\_

Please choose the membership level you wish to have:

**Individual** – Defined as a single member

Silver Level - \$15 fee - Includes being listed in the Coronation Program in 10 pt font if the member opts in

Gold Level - \$30 fee - Name Badge plus listed in the Coronation Program in 12 pt font if the member opts in

Platinum Level - \$50 fee - Same benefits as Gold but 14 pt font in the Coronation Program if the member opts in

**Household** – Defined as two or more members living under the same roof

Silver Level - \$30 fee - Includes being listed in the Coronation Program in 10 pt font if the member opts in

Gold Level - \$60 fee - Name Badge plus listed in the Coronation Program in 12 pt font if the member opts in

Platinum Level - \$100 fee - Same benefits as Gold but 14 pt font in the Coronation Program if the member opts in

List names and date of births of members in the household and consent to list name in the Coronation Program:

Legal Name/Date of Birth	Consent to Print Name	Preferred Name for Program
_____	YES NO	_____
_____	YES NO	_____
_____	YES NO	_____
_____	YES NO	_____

Submit this form with payment to:

I.S.Q.C.C.B.E., P.O. Box 141152, Cincinnati, OH 45250, ATTN: Membership Chair

Signature (Legal Name): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*The I.S.Q.C.C.B.E. will not discriminate against any person or persons on the basis of age, gender, gender- presentation, race, color, ethnicity, national origin, sexual orientation, religion, creed, marital status, or physical and/or mental disability in any of its activities or operations. The I.S.Q.C.C.B.E. will not tolerate any violation of this policy, and appropriate action will be taken, up to and including the removal of membership in the I.S.Q.C.C.B.E.*

### Membership / Treasurer Use ONLY

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Initials: \_\_\_\_\_

Payment Method: Cash Check (#.) PayPal/Online