



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

Legal Name: _____

Stage Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number: _____

Email: _____

Date of Birth (Month / Day / Year): _____ / _____ / _____

Do you wish to receive a monthly newsletter via USPS or Email?	USPS	Email
Do you wish to be placed on our phone list?	YES	NO

Please choose the membership level you wish to have:

Individual – Defined as a single member

Carries a fee of \$15.00 for one (1) year of membership

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

Carries a fee of \$30.00 for one (1) year of membership

List names of members in the household:

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