



## CoP Membership Petition

**Purpose:** This request will be used as an application to join Celebration of Power LLC (CoP) as a member. Please read and complete this form in its entirety.

**Use:** This form and all information contained within shall only be used by the CoP Board of Directors to determine eligibility for membership. All personal data will be considered confidential in nature and will not be shared with other members or third parties.

By completing this form you are requesting to become a member of Celebration of Power. Completing this form does not guarantee membership as all applications must be reviewed and approved by the Board of Directors of CoP. Celebration of Power does not discriminate based upon race, ethnicity, national origin, gender identity, religion, sexual preference or political affiliation.

**By accepting membership in Celebration of Power, the new member agrees to:**

- Follow CoP's bylaws, rules and regulations as written and/or revised by the Board of Directors.
- Not hold Celebration of Power LLC, CoP's Board of Directors, Founders, members or affiliates responsible for any accidents, illnesses or injuries incurred while participating in consensual BDSM activities.
- Not participate in illegal or non-consensual activities while participating in CoP-hosted or CoP-sponsored events.
- Affirm that they are at least 18 years of age with proof of a state or federally-issued photo identification card.
- Affirm that they are not a local, state or federal law enforcement officer engaged in collecting information about Celebration of Power LLC, its members or affiliates for the purposes of fulfilling their perceived law enforcement duties.
- Not to discuss the details of members, affiliates, business, events or activities with people who are not members of Celebration of Power in good standing.
- Pay annual dues, as determined by the CoP Board of Directors and established in CoP's bylaws.
- Behave in a manner that reflects positively upon Celebration of Power, its members and affiliates.
- Act with due diligence to threats to the organization's membership, leadership, activities and business through notification of threats to the CoP Board of Directors in a timely manner.

**Please complete the following:**

**Full legal name:**

**Scene Name:**

**Email Address:**

**Phone Number:**

**Age:**            **Date of birth:**

**City and State of Residence:**

**Name of your CoP-member sponsor:**



**Questionnaire:**

1. Why would you like to be a member of Celebration of Power?
  
2. How do you identify? (Top/bottom, sub, slave, Dominant, Master, Mistress, Switch, etc.)
  
3. How do you feel that you would be a good addition to our membership?
  
4. How long have you been involved with BDSM?
  
5. Who do you know well in the BDSM Community (Scene name)?
  
6. What is it that CoP currently does that interests you the most? (Parties, education, outreach)
  
7. How do you plan on contributing to CoP and the BDSM Community?
  
8. What kinds of BDSM events have you attended in the past?
  
9. What is it that you enjoy about BDSM?

As part of the petition review process, petitioners will be required to perform certain tasks which benefit the organization or the BDSM community in some way. Of the following options, what would you be able and willing to do as part of your review? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Organize, plan and execute an existing CoP event | <input type="checkbox"/> Greet and introduce new people at events      |
| <input type="checkbox"/> Organize, plan and execute a new event           | <input type="checkbox"/> Send out announcements about CoP events       |
| <input type="checkbox"/> Develop topics for a web-discussion group        | <input type="checkbox"/> Provide technical support (Website design)    |
| <input type="checkbox"/> Assist with set up and clean up of an event      | <input type="checkbox"/> Creative support (sewing, furniture building) |
| <input type="checkbox"/> Other support (Please describe in detail)        |  |

Printed Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_