



The Imperial Court of Washington, DC
PO Box 2616 Washington, DC 20013
(Please Print Clearly)

MEMBERSHIP APPLICATION [New ___ Updated ___]

Legal Name: _____

Stage/Drag Name: _____ Line: M ___ F ___ NB ___

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birthday (mm/dd): _____

Email: _____

Special Skills or Training: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/Financial/Business Management | <input type="checkbox"/> Public Relations/ | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Theater Arts/Choreography/Dancing/ | Communication | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Singing/Lip Synch | <input type="checkbox"/> Event Management | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Non-Profit Management | <input type="checkbox"/> Graphics/Web Design |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Costume Design | |

Business Information (optional)

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____ Work

Phone: _____ Fax: _____ Email: _____

NEW MEMBERS DUES

Dues: October 1 – September 30: \$30 _____ April 1 – September 30: \$15 _____

(Make Check payable to: ICWDC or use PayPal on web site. Existing Member Dues are \$30)

I ___ authorize or ___ do not authorize the ICWDC to add me to any ICWDC mailing list. I understand that I may unsubscribe from these mailing lists at any time and that the ICWDC may continue to send me important notices regarding my membership.

I ___ authorize or ___ do not authorize the release of my membership information to the Board of Directors.

By signing this MEMBERSHIP APPLICATION, I agree to comply with the By-Laws and Policies & Procedures (P&P) of the ICWDC and any rules and regulations officially adopted by the ICWDC. The information I have provided above is true and accurate as of the date of my signature below. I will obey all applicable laws in connection with my participation or attendance at any event held by or on behalf of the ICWDC or at which I represent myself as a member of the ICWDC. I agree, on behalf of myself, my executor, administrator or assigns, to protect and indemnify and hold harmless the ICWDC from any and all damage, injury or death which might occur to me or to my property in preparation for, during, or immediately following any function held by or for the benefit of the ICWDC, and from any and all liability whatsoever that may occur as a result of my membership.

Applicant's Legal Signature: _____ Date: _____

Accepting Board Member's Signature _____

This MEMBERSHIP APPLICATION is not valid unless signed and dated by the applicant AND accompanied by a signed, dated and witnessed CODE OF CONDUCT Form.