



Capital City Bears Membership Application



The Capital City Bears is a gay non-profit social organization with a charitable intent directed primarily towards Bears and their admirers. Membership shall not be denied for reasons of race, creed, national origin, sexual orientation or age.

Current Member Renewal \$25

New Member Membership \$30

The Membership period runs January 1 – December 31. Membership fees are not prorated if paid at any time during the year.

All members are entitled to the following rights and privileges:

- 🐾 Admittance to all club meetings, functions & parties, as capacity permits
- 🐾 A club membership card good for member-only incentives
- 🐾 Vote on all issues that require a vote of the General Membership
- 🐾 May nominate individuals to serve on the Board of Directors
- 🐾 May serve on the Board of Directors or act in any designated capacity on any committee or assigned position
- 🐾 Other rights designated by the Capital City Bears Bylaws (all rights subject to change)

Questions about membership may directed to a Board Member or by emailing info@capitalcitybears.com

Please Print Legibly

Name _____ Preferred Name: _____

Email _____ Phone Number _____

Birthday _____ Shirt Size _____ Dietary Allergies _____

Mailing Address _____

City _____ State _____ Zip Code _____

I request and agree to membership in the Capital City Bears (CCB) and will abide by the CCB Bylaws. I agree that the CCB, its officers, members or any other entity will not be held legally, financially or otherwise responsible wholly or in part, for any acts made on my part at any CCB function, nor for any acts I may make in the name of the CCB without agreement of the CCB Board of Directors. I understand that all information provided on this application shall be kept by the CCB for its use only and will not be released to outside parties. I hereby approve the inclusion of my images in any official CCB media and on the CCB web and social media sites. By my signature below, I agree to and understand the above information and confirm I am age twenty-one (21) or older.

Signature _____ Date _____

Completed Forms should be sent with payment either cash or a check made payable to:

CAPITAL CITY BEARS
PO BOX 60703
HARRISBURG, PA 17106-0703

FOR CAPITAL CITY BEARS USE ONLY	
Date Received	Check # Amount
Received	Received By