



IMAS MEMBERSHIP APPLICATION

This is an official Membership Application for IMAS. The information listed here is strictly confidential and shall not be kept on the premises at any event, or any other location where there is risk of exposure to anyone other than the IMAS Board of Officers. Membership dues must accompany this application. The completed application and dues can be given to any IMAS Board member or it can be mailed to: IMAS, P.O. Box 2674, Indianapolis, IN 46206-2674.

First Name M.I. Last Name Scene name/Fetlife Name

Street Address

City/State/Zip

Phone Number

Date of Birth

Email Address

EMERGENCY CONTACT

Please note that this information will be used **ONLY** in the case of a medical emergency, where we have need to contact someone to let them know you have been taken for treatment. This does not need to be a family member, just someone who knows your family, and will be able to contact them to let them know of the emergency.

Emergency Contact Name

Emergency Phone Number

Relationship

ALLERGIES/MEDICAL INFORMATION Do you have any allergies or medical information that should be shared with us to ensure safe play at special IMAS events?



IMAS FUNCTIONS ATTENDED

Function

Date

Signature

I state that the above information is true and accurate to the best of my knowledge.

Applicant Signature /Date

IMAS Sponsor/Witness /Date

IMAS Sponsor/Witness /Date

Application received by: _____ on ___/___/___

For IMAS Use Only:

Check one: Cash -or- Check

Amt Paid:\$ _____

Check #: _____

Comments: _____

IMAS reserves the right to deny any application for any reason.