



# Dark R.O.P.E. Sanctuary

## Membership Application

2011-2012 Membership Year (4/1/11 – 3/31/12)

**Complete this application and mail it to the address at the bottom of this form.**

Membership in DR is available as a single or a family. A family membership is for 2, 3, or 4 people. **You** define who family is. Complete one section per individual. Each individual on the application must sign in the signature area of his/her section.

**Membership**

- § The DR membership year is April 1<sup>st</sup> – March 31st. Your membership will expire March 31st, no matter when you join.
- § Membership in DR is not valid until your membership application has been processed by the Membership Director and your Legal Name and Address have been verified by showing state or government ID with picture to the Membership Director.

**Payment**

- § Be sure to enclose your check or money order, payable to DR Enterprises, LLC in the correct amount.
- § Do not mail cash. If you want to pay in cash, bring your completed form to an educational and social event where our Membership Director can take your application. It will be processed during the week following when it was received and your card will either be mailed to you or you can pick it up.
- § You can pay online via PayPal at link provided. <http://www.darkrope.com/MembershipHome.html>

**Communications**

- § Most communications are sent by e-mail. By providing an e-mail address you consent to receive event notices via e-mail.
- § Membership cards are normally sent by US Mail unless you opt to pick them up in person. If you check the **Do not send me US Mail** box, nothing will be mailed to you. Your membership card will be held for pickup at a social and educational event, or you may provide an alternate address.

**MEMBERSHIP INFORMATION (MEMBER #1)**

Scene Name #1:	Name to be printed on card	<u>Optional Statistical Information</u>			
Legal Name #1:		Gender:	<input type="radio"/> Man	<input type="radio"/> Woman	<input type="radio"/> Other
Mailing Address:		Orientation:	<input type="radio"/> Het	<input type="radio"/> Gay	<input type="radio"/> Bi <input type="radio"/> Other
		Age:	<input type="radio"/> 19-35	<input type="radio"/> 36-50	<input type="radio"/> 51-65 <input type="radio"/> 66+
City/State/Zip:		E-mail:			
<input type="checkbox"/> Do not send me US Mail ( <i>see note above</i> )		ID Verified	Date:	By:	
<b>Office Use Only:</b> No: _____		<b>DR News</b> ( <i>e-mail announcement-only list</i> )			<input type="checkbox"/> opt out
REC: _____ PROC: _____ MN: _____		<b>Newsletter</b> ( <i>via e-mail only</i> )			<input type="checkbox"/> opt out
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Paid via PayPal					
<input type="checkbox"/> One Member - \$30		<input type="checkbox"/> Two Members - \$60		<input type="checkbox"/> Three Members - \$90 <input type="checkbox"/> Four Members - \$120	

**SIGNATURE REQUIRED FROM EACH MEMBER (SEE STATEMENT BELOW)**

Signature:	X	Date:	
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**SIGNATURE STATEMENT REQUIRED FOR ALL APPLICANTS**

**By completing and signing this form I am agreeing to the following:** I am at least 19 years of age and I am not acting in the capacity of or in association with any law enforcement, media or religious organization. By my signature here, I hereby assume all risks incidental to my attendance at Dark R.O.P.E. events. I agree to abide by all Dark R.O.P.E. Policies and Procedures and to obey all published Event Rules. I agree to hold harmless DR Enterprises, LLC, d/b/a Dark R.O.P.E., its Officers, and their agents, assigns and successors, and the owners, managers, employees and agents of any facility in which Dark R.O.P.E. hosts an event for any injury to person or property which may occur incident to my attendance at a Dark R.O.P.E. event. Any falsification of this form or of the signatures will result in termination of membership. Memberships are not transferable or refundable.

**MAIL COMPLETED APPLICATIONS TO: DR Enterprises, LLC, 88 Butcher Road, Falling Waters, WV 25419**  
**MEMBERSHIP QUESTIONS SHOULD BE ADDRESSED TO [MEMBERSHIP@DARKROPE.COM](mailto:MEMBERSHIP@DARKROPE.COM).**



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**Each additional applicant for a Family membership should complete one section of the application and mail the entire form to the address at the bottom of the page.**

### MEMBERSHIP INFORMATION (MEMBER #2)

Scene Name #2:	Name to be printed on card	Optional Statistical Information				
Legal Name #2:		Gender:	<input type="radio"/> Man	<input type="radio"/> Woman	<input type="radio"/> Other	
Mailing Address:		Orientation:	<input type="radio"/> Het	<input type="radio"/> Gay	<input type="radio"/> Bi	<input type="radio"/> Other
		Age:	<input type="radio"/> 19-35	<input type="radio"/> 36-50	<input type="radio"/> 51-65	<input type="radio"/> 66+
City/State/Zip:		E-mail:				
<input type="checkbox"/> Do not send me US Mail ( <i>see note above</i> )		ID Verified	Date:	By:		
<b>Office Use Only:</b> No: _____ REC: _____ PROC: _____ MN: _____		DR News ( <i>e-mail announcement-only list</i> )			<input type="checkbox"/> opt out	
		Newsletter ( <i>via e-mail only</i> )			<input type="checkbox"/> opt out	

### SIGNATURE REQUIRED FROM EACH MEMBER (SEE SIGNATURE STATEMENT BELOW MEMBER #1)

Signature:	X	Date:	
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### MEMBERSHIP INFORMATION (MEMBER #3)

Scene Name #3:	Name to be printed on card	Optional Statistical Information				
Legal Name #3:		Gender:	<input type="radio"/> Man	<input type="radio"/> Woman	<input type="radio"/> Other	
Mailing Address:		Orientation:	<input type="radio"/> Het	<input type="radio"/> Gay	<input type="radio"/> Bi	<input type="radio"/> Other
		Age:	<input type="radio"/> 19-35	<input type="radio"/> 36-50	<input type="radio"/> 51-65	<input type="radio"/> 66+
City/State/Zip:		E-mail:				
<input type="checkbox"/> Do not send me US Mail ( <i>see note above</i> )		ID Verified	Date:	By:		
<b>Office Use Only:</b> No: _____ REC: _____ PROC: _____ MN: _____		DR News ( <i>e-mail announcement-only list</i> )			<input type="checkbox"/> opt out	
		Newsletter ( <i>via e-mail only</i> )			<input type="checkbox"/> opt out	

### SIGNATURE REQUIRED FROM EACH MEMBER (SEE SIGNATURE STATEMENT BELOW MEMBER #1)

Signature:	X	Date:	
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### MEMBERSHIP INFORMATION (MEMBER #4)

Scene Name #4:	Name to be printed on card	Optional Statistical Information				
Legal Name #4:		Gender:	<input type="radio"/> Man	<input type="radio"/> Woman	<input type="radio"/> Other	
Mailing Address:		Orientation:	<input type="radio"/> Het	<input type="radio"/> Gay	<input type="radio"/> Bi	<input type="radio"/> Other
		Age:	<input type="radio"/> 19-35	<input type="radio"/> 36-50	<input type="radio"/> 51-65	<input type="radio"/> 66+
City/State/Zip:		E-mail:				
<input type="checkbox"/> Do not send me US Mail ( <i>see note above</i> )		ID Verified	Date:	By:		
<b>Office Use Only:</b> No: _____ REC: _____ PROC: _____ MN: _____		DR News ( <i>e-mail announcement-only list</i> )			<input type="checkbox"/> opt out	
		Newsletter ( <i>via e-mail only</i> )			<input type="checkbox"/> opt out	

### SIGNATURE REQUIRED FROM EACH MEMBER (SEE SIGNATURE STATEMENT BELOW MEMBER #1)

Signature:	X	Date:	
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