



TRI-COUNTY BEARD & MUSTACHE SOCIETY MEMBERSHIP REGISTRATION

All prospective members of Tri-County Beard & Mustache Society (TCBMS) are required to complete this registration form. Indicate any changes. Membership runs annually from day of vote. Payment is due IN FULL at the time of registration.

NEW MEMBERSHIP **RENEWAL** **Changes**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
NAME:			
ADDRESS 1:		PHONE:	
ADDRESS 2:			
TOWN/CITY:			
ZIP CODE:			
COUNTY:		EMAIL:	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
STANDARD	Must pay annual dues; full voting rights after three consecutive member meetings; eligible to run for office after 1 year. <u>Required</u> to attend and/or participate in at least one charity beard and mustache event, IN PERSON, in their membership year; be age 21 or older.	\$30	
SUPPORT	Must pay half of annual dues; has speaking rights at meetings and can volunteer for committees, events, etc., but has no vote regarding officers, bylaws, or financial decisions; not eligible for office. Must be age 21 or older. <u>Encouraged</u> to attend and/or participate in at least one charity beard and mustache event, in their membership year.	\$15	
PAYMENT METHOD	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit/Credit *RETURNED CHECK FEE: \$30.00		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:	MUSICAL ABILITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No
NEW Member TCBMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive TCBMS membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of another beard and/or mustache organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in competing in beard and mustache competitions on TCBMS behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate if you would be willing to travel to compete in facial hair competitions. <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time How far? _____	
Is there a specific category that you like to compete in? _____	
Permission to use photographic images: Photographs of TCBMS members may be used in various TCBMS communications including the newsletter, Facebook page, and website. Group photographs taken at TCBMS events may be used without identifying individual members. For individual photographs, please indicate your permission for use: (mark one) _____ TCBMS has my permission to use and identify photographs of me. _____ TCBMS does not have permission to use and identify photographs of me. _____ TCBMS must contact me before using any identified photographs of me in TCBMS communications.	

Date: _____

Signature: _____

To pay by check/money order →

Make payable to:

Tri-County Beard & Mustache Society, Inc.

Mail to:

334 W. 6th St.
Lapel, IN 46051.