



Registered Charity No. 973

## Membership Form

The information provided in this form will be treated in the strictest confidence.

First Name:	
Surname:	
Mailing Address:	
DOB (dd/mm/yy)	
Gender:	
Email Address:	
Telephone No.:	

My Membership Contribution (*please circle*):      Student - \$10.00  
Standard- \$20.00  
Patron- \$100.00 (minimum)

My Donation (optional):

**SIGNED:**

**DATE:**

*(Electronic signatures acceptable)*

Please complete this form and send to [OUTBermuda@gmail.com](mailto:OUTBermuda@gmail.com). Please make membership dues payable to our Bank of Butterfield account and include your name in the payment reference field.

Account Name: OUTBermuda

Account Number: 0601615530015

**A little more about you (optional):**

Do you identify as LGBTQ: Yes      No

Are you willing to volunteer and offer you skills and talents to further the objectives of  
OUTBermuda? Yes/ No

If Yes, how can you help?

Are you interested in becoming more involved in the decision making of OUTBermuda? Yes      No

Tell us a little more about yourself...