

STEAMPUNK ILLUMINATION SOCIETY

MEMBERSHIP APPLICATION

(Please print clearly. We will NEVER share or sell your information! We respect your privacy!)

First Name

Last Name

Mailing Address

City

State

Zip

Email Address *(For purpose of sending an e-newsletter or important announcements only.)*

Pseudo Name *(Name you are known by online/on forums & would like to be addressed as.)*

Birthdate *(Optional)*

Home Phone

Cell Phone

*** Add any additional members under your membership down below.**

2nd Adult's Name & Birthdate

3rd Adult/Child's Name & Birthdate

4th Adult/Child's Name & Birthdate

Please do not write in this box. Thank you!

Membership Join Date: _____

Added to Database: _____

Status: _____

*** Please, use the box below to tell us what you'd like to gain from joining this society.**