



Membership Number
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Completed by Membership Secretary ONLY

Out on the Shelf - FORMS

Membership Application & Agreement Form

Mandate: Out on the Shelf (OOTS) is an incorporated not-for-profit, registered charitable organization. OOTS seeks to serve and engage members of the Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirited, Intersex, Queer and Questioning Communities (LGBTTTTIQQ) and their allies, providing support, education and resources for members of these communities, their allies, and the public at large. OOTS is a volunteer-driven community service organization.

Benefits: Membership in the Corporation entitles the Member to the following:

- members 18 years of age and older and who are in-good-standing, are entitled to vote at the Annual General Meeting and Meetings of the Membership of the organization, and any additional entitlements identified by the By-Laws of the organization
in addition, members are entitled to use their membership card in accordance with OOTS Library collection borrowing policies and procedures
note: only those 18 years of age and older will have membership entitling voting privileges; members under 18 years of age are entitled to library borrowing privileges

Eligibility: All Members must declare familiarity with, understanding of and agreement with the mandate of OOTS, and must be a member and/or ally of the community served by OOTS .

Application:

First Name: Last Name:

Email: Telephone:

checkbox check if you do not wish to be contacted by phone

Address

Street: House/Apt #:

City: Postal Code:

- I would like my email added to the OOTS distribution list.
OOTS charges an annual membership fee of \$5. Check here if you are currently an OOTS volunteer or unable to pay the annual membership fee, and therefore entitled to a free annual membership

OOTS is committed to protecting the privacy and confidentiality of your personal information. The information you provide to us will be used to assist in the proper administration and acknowledgement of your membership application and status, to communicate with you, and to fulfill your information requests. OOTS does not sell or rent your information to any other parties.



Eligibility, Benefits, and Obligations (please check ✓ all that apply):

- I am familiar with, understand, and agree with the mandate of OOTS (see top of form)
- I am currently 18 years of age or older YES NO
- I understand the membership benefits and eligibility as outlined in the previous sections
- I understand that the membership term is Sept. 1, to Aug. 31
- I certify that all information provided by me on this form is accurate and true

Signature: _____ Date (dd/mm/yy): _____

OOTS USE ONLY – Completed by Shift Volunteer:

- Name and address of potential member has been entered into ResourceMate

Signature: _____ Date (dd/mm/yy): _____

OOTS USE ONLY – Completed by Membership Secretary:

- the applicant has agreed to all of the above statements: yes or no: _____
- the applicant has fully completed the form (including mailing address): yes or no: _____
- the applicant is a member and/or ally of the LGBTQ communities served by OOTS yes or no: _____
- if no to any of the above bullets, the membership cannot be issued at this time
- if “yes” to all of the above bullets (check ✓ which applies):
 - and the applicant is 18 years of age or older, they are approved for full membership: _____
 - or the applicant is under 18 years of age, approval is for borrowing privileges only: _____

Application reviewed by:

Membership Secretary: Print Name: _____ Signature: _____

Board of Directors Secretary: Print Name: _____ Signature: _____

Date Approved: _____ Term of Membership: September, _____ to August, _____