

## Membership Application

Thank you for your interest in being a member of The Sylvia Rivera Law Project (SRLP). Liberation is a collective process and we need you! We are always in search of community members and allies to help us accomplish our mission. Please complete this membership application and return it to the Sylvia Rivera Law Project Membership Director.

Date \_\_\_\_\_ Pronoun(s) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

May we call during business hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should any messages we leave be confidential? \_\_\_\_\_ Yes \_\_\_\_\_ No

### In case of emergency whom should we contact?

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

### How did you hear about the Sylvia Rivera Law Project?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Self    | <input type="checkbox"/> Media   |
| <input type="checkbox"/> Family  | <input type="checkbox"/> Organization/Service Provider, please specify _____   |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> I was a client and/or received legal services at SRLP |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other, please specify _____                           |

**Do you want to accomplish anything in particular or gain any specific skills while being a member at SRLP?**

**Is there any support you need to participate that you'd like us to be aware of? (i.e. language, access)**

**Is there anything else you would like us to know about you?**

**MEDIA RELEASE:** I \_\_\_\_\_ (print name) give the Sylvia Rivera Law Project (SRLP) permission to use my image, audio, writing, and photograph in any print, online, video, or other form of media/communications. I understand that I will not be compensated and release SRLP from any and all claims in connection with the use of my image or name, likeness and identity including any claims for libel or publicity.

\_\_\_\_\_ **Signature**          \_\_\_\_\_ **Date**

**Please check the areas in which YOU ARE INTERESTED IN VOLUNTEERING AT SRLP:**

- |  |   |
|--|---|
| <input type="checkbox"/> Baking/Cooking for Large Groups | <input type="checkbox"/> Office work (data entry, filing, etc.)                 |
| <input type="checkbox"/> Bartending                      | <input type="checkbox"/> SRLP Outreach and Material Distribution                |
| <input type="checkbox"/> Community Organizing            | <input type="checkbox"/> Photography  |
| <input type="checkbox"/> Facilitation                    | <input type="checkbox"/> Planning Special Events                                |
| <input type="checkbox"/> Financial Management            | <input type="checkbox"/> Research   |
| <input type="checkbox"/> Fundraising                     | <input type="checkbox"/> Technology (website development, computer maintenance) |
| <input type="checkbox"/> Graphic Design                  | <input type="checkbox"/> Translation  |
| <input type="checkbox"/> Legal Work                      | <input type="checkbox"/> Writing/Editing  |
| <input type="checkbox"/> Media/Press                     | <input type="checkbox"/> Whatever is Needed                                     |

Other. Please specify any other particular activity you would like to assist with: \_\_\_\_\_

\_\_\_\_\_

**(Please check one)** I can commit \_\_\_\_\_ (1,5,10) hours every \_\_\_\_\_ (week, month, year)

(Please detail more information on your capacity if you like)

\_\_\_\_\_

The following information will be used for statistical purposes only.

Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender Identity (*For example: Cis Female, Trans Man, etc.*) \_\_\_\_\_

Sexual Orientation (*For example: Lesbian, Bisexual, etc.*) \_\_\_\_\_

Race/Ethnicity (*✓ and specify*):

Arab/Iranian \_\_\_\_\_  Native American/Indigenous \_\_\_\_\_

Asian & Pacific Islander \_\_\_\_\_  Latinx \_\_\_\_\_

African/Black/Caribbean \_\_\_\_\_  White \_\_\_\_\_

Multiracial \_\_\_\_\_  Other \_\_\_\_\_

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**A Special Note to Cis/White Allies:** SRLP is primarily led by and for trans people of color, but does not discriminate on the basis of race or gender. While SRLP welcomes the support of cis and white allies, we expect cis/white allies who would like to volunteer to have a basic grasp of anti-racist principles and practice, transphobia, and respect the importance of leadership by trans/people of color.

**Submission Instructions:** Please submit this application form to: Sasha, SRLP Membership Director, The Sylvia Rivera Law Project, 147 W. 24<sup>th</sup> St., 5th Floor, New York, NY 10011, via fax: 212-337-1972, or via email: [sasha@srlp.org](mailto:sasha@srlp.org).

**If you have any questions, please call Sasha at 212-337-8550, ext. 306 or email [sasha@srlp.org](mailto:sasha@srlp.org).**

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**For Staff Use Only:**

Date Received \_\_\_\_\_

Orientation Date \_\_\_\_\_

Date Entered into Civi \_\_\_\_\_