



MAST: Indianapolis Chapter
Membership Application

Date of Application: _____

Full Name: _____ Current Fetlife Name: _____

Address: _____
Street Address City State Zipcode

Primary Contact Number: _____ E-mail Address: _____

Sponsorship:

1. Name: _____ Fetlife Name: _____

How long have you known this person? _____

2. Name: _____ Fetlife Name: _____

How long have you known this person? _____

3. Name: _____ Fetlife Name: _____

How long have you known this person? _____

How do you identify within the realm of power exchange? (examples: Master, Dom, slave, submissive, etc.)

In the space below please answer the following questions:

- Why do you want to be a member of MAST?
- What do you hope to learn as a member of MAST?
- Do you have anything that you feel you can share/offer to other members of MAST?
- Is there anything else you feel is important to consider with your application?

(more space on the back)



MAST: Indianapolis Chapter

Membership Application

Applicants are checked against the Sex Offender registries before acceptance will be issued. Inclusion on a SO Registry will NOT be an automatic rejection. All cases will be reviewed on an individual basis. Initial: _____

I understand that honesty, integrity and confidentiality are expected of all members of MAsT Indianapolis.

Signature: _____

Application Received By: _____ Date Received: _____

Vote:

Date of Vote: _____ Total Members Present: _____

Yes Votes: _____ No Votes: _____ Abstaining: _____

Probationary Membership Approved: YES NO

Chapter Director: _____ Witness: _____

Full Membership: (must attend two (2) CLOSED MAsT events)

Date Dues Paid: _____ Date Full Membership Approved: _____

Treasurer: _____ Chapter Director: _____