



MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THE FOLLOWING FORM. MAIL YOUR APPLICATION FORM AND PAYMENT FOR THE APPROPRIATE MEMBERSHIP TO:

LOS ANGELES SEXUALITY CENTER,
436 NORTH BEDFORD DRIVE, #305, BEVERLY HILLS, CA 90210

MEMBERSHIP: PROFESSIONAL STUDENT AMOUNT OF ENCLOSED CHECK: \$ _____

MEMBERSHIP

RESOURCES FOR PROFESSIONALS AND STUDENTS

LASC MEMBERSHIP ALLOWS YOU TO:

- SUPPORT OTHER INDIVIDUALS AND ORGANIZATIONS INVOLVED WITH INTERDISCIPLINARY RESEARCH RELATED TO SEXUALITY
- IDENTIFY APPROPRIATE FUNDING OPPORTUNITIES FOR YOUR RESEARCH
- RECEIVE ASSISTANCE IN THE DEVELOPMENT OF YOUR RESEARCH PROPOSALS
- ACCESS THE ONLINE LIBRARY AND SPECIAL COLLECTIONS, INCLUDING PUBLICATIONS, PHOTOGRAPHS AND MATERIALS OF VARIOUS MEDIA

MEMBERSHIP FEES:

PROFESSIONAL (PRE-OPENING) \$50

STUDENT \$25

(IF YOU ARE A STUDENT, PLEASE INCLUDE PROOF OF REGISTRATION.)

NAME		DEGREE	TITLE	
ADDRESS				
CITY		STATE/PROVINCE	ZIP CODE	COUNTRY
WORK PHONE	HOME PHONE (OPTIONAL)		EMAIL	

ARE YOU INTERESTED IN DOING RESEARCH RELATED TO SEXUALITY? Yes No

IF YOU ANSWERED YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

HAVE YOU RECEIVED OUTSIDE FUNDING FOR YOUR RESEARCH? Yes No

WHAT ARE YOUR THREE MAIN AREAS OF INTEREST?

1.
2.
3.

WOULD YOU LIKE TO BE CONTACTED TO DISCUSS YOUR RESEARCH INTERESTS OR TO RECEIVE ASSISTANCE IN IDENTIFYING APPROPRIATE FUNDING OPPORTUNITIES?

Yes No