



West Coast Cooperative of Sex Industry Professionals Membership Application

Name:
Address:
Phone :
E-mail:
Proof of lived experience:

Demonstrated commitment to the community:

This information will be held by the west coast cooperative of sex industry professional in the strictest of confidentiality. No person shall be allowed access to this information unless they can prove threat to life or the safety of a person. Then the board will decide on a case by case basis whether such a threat exists and if a person may be granted limited access to this information.

Signed: _____
Date: _____
WCCSIP representative: _____