

Membership Form

GLMA's mission is to ensure health equity for lesbian, gay, bisexual, transgender, queer (LGBTQ) and all sexual and gender minority (SGM) individuals, and equality for LGBTQ/SGM health professionals in their work and learning environments.



GLMA is a 501(c)(3). All contributions, including membership, are tax-deductible, less the value of benefits received.

Contact Information

First Name* _____ MI _____ Last Name* _____ Degree(s)* _____
 Email Address* _____ Profession* _____
 Home Phone _____ / _____ Work Phone _____ / _____ Cell Phone _____
 _____ Home Work
 Mailing Address _____
 City* _____ State* _____ Zip* _____ Province/Country _____

Please send me information about creating a listing on GLMA's online Provider Directory.

*required field

I am a: (Please select one.)

Health Professional **Student** Anticipated graduation date (mm/yy) ____ / ____ **Friend of GLMA**
 I am preparing for a career as a: _____

Contribution Plans (Please select one.)

A. I want to be a **Sustaining Member.*** B. I prefer to make **One Annual Contribution.**
 Charge my credit card: Monthly Quarterly. Sign me up for Automatic Renewal.*

* Contact info@glma.org to change or to discontinue your ongoing support.

Membership Levels

Membership Levels	Sustaining Contribution (Monthly)	Annual Contribution
<input type="checkbox"/> Advocate for LGBTQ Health	\$ 25.00	\$ 300
<input type="checkbox"/> Partner for LGBTQ Health	\$ 50.00	\$ 600
<input type="checkbox"/> Leader for LGBTQ Health – Major Donor Level	\$ 83.33	\$ 1,000
<input type="checkbox"/> Champion for LGBTQ Health – Major Donor Level	\$ 208.33	\$ 2,500
<input type="checkbox"/> Visionary for LGBTQ Health – Major Donor Level	\$ 416.67	\$ 5,000
<input type="checkbox"/> Health Professional Member (Basic Membership Level)	\$ 10.41	\$ 125
<input type="checkbox"/> Student Member - 1 year	\$ 2.08	\$ 25
<input type="checkbox"/> Student Member – Multiple years (\$20 per year)	(\$20 x no. years for one time charge)	\$ _____
<input type="checkbox"/> Friend of GLMA (primarily non-health professionals)	\$ 4.17	\$ 50
<input type="checkbox"/> Other Amount – Please Specify	\$ _____	\$ _____

Visit www.glma.org/membership for a more detailed list of member benefits.

Please designate _____% of my tax-deductible membership contribution to the Lesbian Health Fund.

Add a Section to your Membership

Nursing Section – One-time annual contribution of \$25

Please consider an additional one time donation.

For more information about our programs and recent accomplishments, visit our website at www.glma.org.

Lesbian Health Fund \$ _____
 GLMA \$ _____

Payment Information

Check (Payable to GLMA)
 Credit Card Visa MasterCard American Express Discover

Name on Card _____ Card Number _____ Expiration Date _____ / _____

CVV _____ Signature _____

Return to:
 1133 19th Street NW, Suite 302, Washington, DC 20036 or fax (202) 478-1500 For questions, please email membership@glma.org or call (202) 600-8037.

Office Use Only

Received on: _____ Processed on: _____

Processed by: _____ Method: _____

Become a Sustaining Member!

A **Sustaining Membership** allows you to make a small membership contribution each month or quarter while making a big impact for LGBTQ health equity. Choose an amount from \$8.33 to \$83.33, or any amount that fits your budget. We will process your contribution once a month, so your membership will never lapse and you will never have to renew. Monthly contributions from our Sustaining Members provide the reliable support that we need to continue our important programs and advocacy work to advance LGBTQ health.

GLMA Membership Levels & Benefits

Annual Payment

Advocate for LGBTQ Health

\$300 (\$25/mo)

- Weekly LGBTQ Health Digest
- Regular GLMA Membership Updates & Action Alerts
- Professional Networking at the Annual Conference, local events and other opportunities
- Enhanced Provider Directory Listing (*for practicing healthcare professionals only*)
- Discounted Conference Registration
- Complimentary ticket to the Annual Membership Lunch for conference registrants.

Partner for LGBTQ Health

\$600 (\$50/mo)

- Confidence in knowing that you are making a positive difference for LGBTQ health equity
- All Advocate for LGBTQ Health Member benefits
- Free registration for CME credits

Leader for LGBTQ Health

\$1,000 (\$83.33/mo)

- Confidence in knowing that you are making a significant impact for LGBTQ health equity
- All Advocate for LGBTQ Health Member benefits
- Free registration for CME credits
- Recognition as a *Major Donor*
- Exclusive updates from the Executive Director and/or Board President
- “GLMA Leader” Major Donor Pin
- Invitation to the Major Donor Reception at the Annual Conference (if scheduled)

Champion for LGBTQ Health

\$2,500 (\$208.33/mo)

- Confidence in knowing that you are making a significant impact for LGBTQ health equity
- All Leader for LGBTQ Health benefits
- “GLMA Champion” Major Donor Pin
- Invitation to the Major Donor Reception at the Annual Conference (if scheduled)
- One complimentary ticket to the Annual Achievement Awards Gala (if scheduled)

Visionary for LGBTQ Health

\$5,000 (\$416.67/mo)

- Confidence in knowing that you are making a significant impact for LGBTQ health equity
- All Leader and Champion for LGBTQ Health benefits
- “GLMA Visionary” Major Donor Pin
- Invitation to the Major Donor Reception at the Annual Conference (if scheduled)
- Two complimentary tickets to the Annual Achievement Awards Gala (if scheduled)

Health Professional Member

- Weekly LGBTQ Health Digest
- Regular GLMA Membership Updates & Action Alerts
- Professional Networking at the Annual Conference, local events, and other opportunities
- Discounted Conference Registration
- Complimentary ticket to the Annual Membership Lunch for conference registrants.

Student Member

\$25 for one year, \$20 each year for multiple years

- All Health Professional Member benefits

Friend of GLMA: *for non-health professionals*

\$50

- All Health Professional Member benefits