**MEMBERSHIP APPLICATION**

PREFERRED NAME: PREFERRED CITY:

MARITAL STATUS: REQUEST IN/ OUT CALLS:

LICENCE PLATE:………………………………………... VIN:……………………….. YEAR: ………..………….

PROFESSION:……………………………………………. WORK NUMBER: ……………………………………...

PERSONAL PREFERRENCES

DIETARY RESTRICTIONS/ ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAVOURITE FOODS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRINKING & SMOKING HABITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT PASS TIMES DO YOU FIND MOST REWARDING IN YOUR DAILY LIFE? (Please respond with a short paragraph.)

EXOTIC FANTASIES

YOU FIND WOMEN THE MOST ATTRACTIVE WHEN THEY ARE WEARING..?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE THINGS THAT TURN YOU OFF MOST ARE..?

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WHAT ARE YOUR TRUE SECRET FANTASIES..? (Please be descriptive so that I may transform your fantasies into an erotic reality.)

PREFERRED CONTACT METHOD

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CALL |  |  |  | TEXT |  |  |  | EMAIL |  |  |

ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL ONLY BE ACCESSED TO ENHANCE OUR SESSIONS.

YOU CAN REQUEST ACCESS TO YOUR RECORDS AND STATUS AT ANY TIME