The Society for the Second Self, Inc. (Tri-Ess)

MEMBERSHIP APPLICATION/RENEWAL

FOR RENEWALS, FILL IN UPDATED INFO ONLY / INCLUDE MEM #

YOU MAY ALSO APPLY/RENEW ONLINE AT www.tri-ess.org

Please check the appropriate statements: ___ I am - OR ___ I am not - over eighteen (18) years of age. ___ I am - OR ___ I am not - A CROSSDRESSER; - defined as an individual, typically a heterosexual male, who occasionally chooses to make a social role presentation considered appropriate for persons of the opposite genetic sex, *for the purpose of personal expression*, without the intention of entering a program leading to sex reassignment surgery, and without attempting to attract a partner of the same genetic sex. Note: your femme signature is satisfactory.

Date: _____ **Signature:** _____

Crossdresser (or Male "Friend of Tri-Ess")

Crossgender name _____

Mailing name _____

Mailing address _____

_____

E-Mail address (optional) _____

Telephone (optional) _____

Ask for _____

***Spouse/Partner (or Female "Friend of Tri-Ess")**

Preferred name _____

Mailing name _____

Mailing address _____

_____

E-Mail address (optional) _____

Telephone (optional) _____

Ask for _____

If reinstating your membership, provide previous membership number(s), if known: _____

*** Joining as part of a Couple's membership** _____ **or as an Independent Single Member** _____

Check your membership option:

Single: ___Lifetime, $550 ___ Sustaining, 2 years, $160 ___ Sustaining, 1 year, $96

___ Regular, 2 years, $70 ___ Regular,1 year, $42

Couple: ___ Lifetime, $750 ___ Sustaining, 2 years, $200 ___ Sustaining, 1 year, $120

___ Regular, 2 years, $95 ___ Regular,1 year, $57

Additional Adult Family Member (living at same address): ___$10 (Provide contact information as above).

Adult Child of a Crossdresser (different address): ___$15 (Provide contact information as above).

Friend of Tri-Ess: ___1 year, $28 **Friend of Tri-Ess (Vendor or Professional):** ___1 year, $40

Scholarship Fund donation: ___Platinum $100 ___Gold $50 ___Silver $25 ___Bronze $10

Make your check or money order payable to "Tri-Ess". Total enclosed: $ _____

Send only by First Class Mail (no "Certified" or "Registered" Mail, please!) to:

DENISE PETERS, P.O. BOX 2693, CRYSTAL LAKE IL 60039-2693