

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

## MEMBERSHIP APPLICATION

**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.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: your Crossgender signature is satisfactory.

### Crossdresser

### Spouse\*/Partner\*/Family member of a Crossdresser

Crossgender name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Mailing name: \_\_\_\_\_

Mailing name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-Mail address (optional): \_\_\_\_\_

E-Mail address (optional): \_\_\_\_\_

Telephone (optional): \_\_\_\_\_

Telephone (optional): \_\_\_\_\_

Ask for: \_\_\_\_\_

Ask for: \_\_\_\_\_

If you are a former member of Tri-Ess

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Please give your membership number (if known): \_\_\_\_\_

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Check here if you wish to be contacted by a Tri-Ess "Big Sister"

If you are joining individually as a Spouse or Partner please give the membership number of your Crossdressing partner: \_\_\_\_\_

Check here if you wish to be contacted by the nearest Tri-Ess Chapter

\*Joining as part of a Couple's membership  
 or as an independent Single member  
 or as a Family member of a Crossdresser

	"Individual" Membership categories <small>Intended for Crossdressers only (see definition above)</small>		"Couple" Membership categories <small>For Crossdressers and spouse / partner</small>	
	1 Year Option	2 Year Option 16.7% savings*	1 Year Option	2 Year Option 16.7% savings*
<b>Regular</b>	___ \$42 per year	___ \$70 for two years*	___ \$57 per year	___ \$95 for two years*
<b>Sustaining</b>	___ \$96 per year	___ \$160 for two years*	___ \$120 per year	___ \$200 for two years*
	___ Life Member \$550 one time payment*		___ Life Member(s) \$750 one time payment*	
<p><b>*Payment in full is required for these categories.</b>  <small>Crossdressers financially unable to afford the minimum annual contribution amounts shown above should write for optional payment plans, reduced payments or waiver.</small></p>				
Additional Supporting Options				
<b>Additional Family Member</b> (adult child or parent) living at same address:				___ \$10
<b>Adult Child of a Crossdresser</b> (Please provide address & contact information):				___ \$15
<b>Friend of Tri-Ess:</b>	___ \$28 per year	<b>Friend of Tri-Ess (Vendor/Professional):</b>		___ \$40 per year
<b>Scholarship fund donation:</b>	___ Platinum \$100	___ Gold \$50	___ Silver \$25	___ Bronze \$10
___ Other, Please specify your optional or additional gift amount \$ _____				
<b>Make check or money order in US funds payable to "Tri-Ess"</b>			<b>Total enclosed: \$ _____</b>	

**Please send by First Class Mail to: DONNA MARTIN, P.O. BOX 597859, CHICAGO IL 60659-7859**

**(No Certified, or Registered, mail please!)**