



Tri-Ess New England Membership Application Form

All Tri Ess New England Members must be active members of Tri Ess International.
Tri Ess International Membership forms can be found at: <http://www.tri-ess.org>

Yes! I would like to join Tri-Ess New England.

Note: All fees associated with membership are primarily used to cover postal, meeting and office expenses.

"Individual" Membership "Couple" Membership

Intended for CrossDressers only (see definition) For CrossDressers and their spouse or partner

Annual \$15 per year - \$25 for two years Annual \$25 per year - \$40 for two years

Other, Please specify your optional or additional gift amount \$ _____

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 (or female) , who occasionally chooses to make a social role presentation considered appropriate for persons of the opposite genetic sex, for the purpose of personal expression, and is not attempting to attract a partner of the same genetic sex.

Note: your femme signature is satisfactory.

Signature: _____ Date: _____

For your security, The Society makes every effort to protect the confidentiality of all contributors, members and applicants. Your true identity and personal information will remain confidential.

If you are a former member of Tri-Ess please give your membership number, if possible, state of residence at the time, and the femme name used for your previous membership

Previous Tri-Ess number _____ Name _____ State _____

For "Individual" CrossDressers (Spouses may also join as an 'Individual')

Femme Name _____ Tri-Ess # _____

Mailing Name _____

Mailing Address Line 1 _____

Optional Line 2 _____

City, State and Zip + 4 _____

e-mail Address: _____

___ Spouse's information (if this is a "Couples" membership)
Spouse/Partner's name or other adopted name to be used _____
Mailing Name(s) _____
Mailing Address Line 1 _____
Optional Line 2 _____
City, State and Zip + 4 _____
Spouse's e-mail Address: _____
Spouse's Tri-Ess # _____

___ Check here to have a Tri-Ess "Big Sister" contact you by mail

___ Check here to indicate if you are a spouse joining as an Individual
Please give the membership number of your Crossdressing partner _____

___ If you are a spouse or partner, check here to have another spouse, a Tri-Ess "Caring Friend",
contact you ___ by mail or ___ by E-mail at _____.

Optional: Telephone Number (in case we need to contact you) _____
Ask for: _____

The "Friends of Tri-Ess" Supporting Membership categories below are intended for non-CrossDressers; individuals, organizations, vendors and other entities that support the educational aims and purposes of Tri Ess.

___ Friend of Tri-Ess "Annual" Membership minimum contribution \$15 per year

Organization Name (If applicable) or Business Name (Commercial Members)

Mailing Name of Contact Person _____
Telephone Number _____
Mailing Address Line 1 _____
Optional Line 2 _____
City, State and Zip + 4 _____
e-mail Address: _____
Phone # (Optional) _____

Bring completed forms to the next meeting or via U.S. Postal Service:
Tri Ess New England
P.O. Box 398
East Derry, NH 03041-0398