



*Crossroads Chapter, Inc
P.O. Box 1245
Royal Oak, Michigan 48068*

Preferred Name _____ Legal Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Date of Birth: _____ (For birthday Wishes)
Month Day Yr (optional)

Email Address _____ Phone # _____

I prefer not to receive any snail-mail from Crossroads. _____ I prefer not to receive any email from Crossroads. _____

Membership dues are \$25.00 per calendar year expiring on March 31st. New members joining after April 1st will be prorated \$2.50 per month. After January 1st, the \$25.00 would include the next year. Make checks payable to: Crossroads Chapter, c/o Membership Secretary. Monthly Gathering fee for members is \$5.00.

Your spouse or significant other is encouraged to join as an associate and attend meetings. Associate yearly dues are \$5.00 with full voting rights. The Gathering fee for an Associate is \$2.00.

Significant Other's name _____ Date of Birth: _____
Month Day Yr (opt)

Significant Other's Email _____ (optional)

Upon receipt of application and payment, and acceptance by the board, a membership card will be mailed to the mailing address above, or issued to you at the next gathering you attend. Please let us know the best way to get it to you.

Please notify Crossroads of address changes. If your membership has expired, please provide us with your previous mailing address and membership number to assist in locating your file.

By signing my name (legal or preferred), I certify that the named applicant:

- is interested in transgender activities from a personal or scientific viewpoint,
- will not release personal information about another member or attendee without prior consent, and
- is at least 18 years of age.

For those that do not wish to reveal their legal name, the application may be signed with an alias or initials to indicate the Code of Ethics and Confidentiality is understood. Crossroads promotes friendships, education, and the understanding of gender issues and is not for the purpose of sexual encounters.

Each member will abide by the Constitution and By-Laws established by this Non-Profit Incorporated club, in the State of Michigan, as a social club governed by its Board of Directors.

Signature _____ Date _____

<p>For Official Use Only</p> <p>New Membership Type: Full _____ Associate _____</p> <p>Membership Number: _____</p>
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