

All Chi Upsilon Iota TRI-ESS Members must be active members of Tri Ess International. Tri Ess International Membership forms can be found at: http://www.tri-ess.org

Membership Type

Definitions:

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.

Partner: defined as someone of the opposite genetic gender of a crossdresser. Friends of Tri-Ess ("Friends"): A friend is anyone who is not in the primary focus group(see above) but who has a constructive interest in Tri-Ess and desires to support its work, and who are 18 years of age or older.

Please check the appropriate statements:

____Yes ____No I am over eighteen (18) years of age. I am A CROSSDRESSER; -Yes No

Note: a pseudonym signature is satisfactory.

Signature: _____Date: _____

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

Individual Membership (Crossdresser or a spouse who wishes to join as an 'Individual') Pseudo or Femme Name

111-ESS #
Mailing name

SO Membership (if this is a Couples membership)

SO'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
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 \$25 per year Organization Name (If applicable) or Business Name (Commercial Members)

iling Name of Contact Person
ephone Number
illing Address Line 1
tional Line 2
y, State and Zip + 4
nail Address:
one # (Optional)

Bring completed form with a check made out to CUI to the next meeting or mail via U.S. Postal Service to:

Chi Upsilon Iota Tri-Ess 102 M 306 N. Randolph St Champaign, IL 61821-5507