

Membership Application

Date:

Fem Name (First and Last)

AGE

-

Mailing

Name

Mailing address

-

_City

State

Zip_

_Phone

E-mail_

Special instructions for contacting you

-

Sexual Orientation: Hetero

Gay Bisexual_ -

Are you married?

Yes No How long ?

_Does wife know?Yes No

-

*Have you ever belonged to another crossdressing organization
? Yes No*

Organization name

When?

Describe any outside hobbies or interests you have away from crossdressing:

-

How do you feel CHIC will benefit from your being a member?

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What do you expect to gain from being a member of CHIC?