

**The Gendys Network,
BM GENDYS, London WC1N 3XX**

Application for Gendys Network Membership.

Part One

The Gendys Network undertakes to keep the contents of this application form most confidential. These will only be available only to the President and Membership Secretary

Section A: Type of Membership.

Which type of Membership Type do you require?

Full _____ Partner _____ Life _____

What name shall we use in the Membership List?

Name _____ of: _____ (Town or Area)

Have you passed your 18th Birthday? _____

[For Network Use:Member's Contact Number].....[Reference number].....

Gender Details (tick as appropriate. Not applicable to Associate Members)			
a) I wish to state these		b) I don't wish to state these	
1. Gender Direction:	1. Male to Female	:	
	2. Female to Male	:	
	3. Intersex	:	
2. Gender Status:	1. Not seeking surgery	:	
	2. Not yet Referred	:	
	3. Referred for surgery (pre-op)	:	
	4. Surgery Completed	:	

	5. Not Decided	:	
	6. Transgenderist (living full time)	:	
3. Social Status:	1. Still living in original role	:	
	2. Living full time in adopted role	:	
	3. Living part time in adopted role	:	
4. Are you willing for this information to be held on computer for records and mailing? Yes/ No			

Section B

Section B is optional. The Membership List will state only your GEMS Name, your GEMS Contact Number, the town or area where you live, and your Gender Details (Section A, N° 3) unless you indicate otherwise here. Section B gives more details about each member which could help make the Society representative of its members.

5. Age: _____ **Date of Birth:** _____

6. Marital Status: (Tick as appropriate) Single _____ Partnered _____ Married _____
Separated _____ Widowed _____ Divorced _____

7. Employment: Employed _____ Self-employed _____ Student _____ Retired _____ Voluntary work _____

8. Special Skills: (which might help the network)

9. Social Interests/Hobbies:

10. Are you willing to correspond with other members? Yes _____ No _____

11. Are you willing to meet other members? Yes _____ No _____

12. Do you wish your phone number to be given to members? Yes _____ No _____

13. Do you have any information regarding surgeons, GIC's, counsellors, psychiatrists, etc? (in your area) Please use a separate piece of paper if applicable

14. Do you wish only Section A to be published in the membership list? Yes _____ No _____

PART 2: GENDYS NETWORK APPLICATION FORM

ANNUAL MEMBERSHIP FEES:UK £23.00 OVERSEAS EEC: £26.00 Elsewhere (airmail) £28.00 To this add a Joining Fee: £2.00 (This is used to process applications and is not refundable) Overseas applicants please send an International Money Order, or cheque on the London Banking System. On confirmation of status unemployed may join for £14.00. (plus £2.00) Partners may join FREE if they are at the same address as members.

Section C: Declaration

I wish to apply for membership of The GENDYS NETWORK and enclose £_____ (Date _____) as my subscription and joining fee. If my application is not accepted, my subscription (but not the processing fee) will be returned. If my application is accepted I agree to abide by the rules of GENDYS NETWORK.

Declaration:

I agree to hold in strict confidence any information about members of GENDYSNETWORK. I further agree to the suspension or forfeiture of membership should my conduct at any time cause the Network to take such action. I understand that GENDYS NETWORK accepts my membership on the basis that any guidance or information which has been or will be given or received between members of this Network constitutes only a personal opinion and neither reflects the views of nor is binding upon it. I understand that my records will be stored safely and that they will be kept on computer for membership list and mailing purposes unless I have stated otherwise (Section A, No. 4 and Section B, No. 14) and that access to these is limited to the President and Membership Secretary of the Network.

Signed: (Legal Name).....

Full Name:

Address:.....

.....

Postcode:..... Telephone N°:

E-Mail Address:.....

Do you want your E-Mail address published in the membership list? Yes / No

Section D: Instructions for Mail	For the Membership Secretary so that the Gendys Network can contact you	Ref .No.
Full Name: (for addressing mail) Address:..... Postcode:..... Telephone N°:..... Do you want your mail to be marked PRIVATE & CONFIDENTIAL ? Yes/No		
Section E: Payment Slip	For the Treasurer to update the accounts.	Ref. No.
Name:	Joining Fee	£2
Network No.	Annual Subscription (see above)	:
Signed	Donation	:
Date	Publications	:
	Total	:

When you have completed the form please send it together with your remittance (Postal Orders, Money Orders or Cheque) made payable to Gendys Network, BM Gendys, London WC1N 3XX. You will receive 4 issues of the Journal, use of the contact system and are entitled to the rights of membership as in the Rules of the Network.