

TRANS ALLIANCE SOCIETY

Please complete the following information (print the form and then fill it in, or write out the information requested) and mail the form, along with membership dues (sliding scale of \$0-\$30), to:

Trans Alliance Society c/o 1170 Bute Street, Vancouver, BC, V6E 1Z6

Name: _____

Address: _____

Phone: _____ **Email:** _____

Amount enclosed: _____ **Today's Date:** _____
(annual membership fee is based on what you can pay, from \$0 to \$30)

Membership Type: Individual-Trans ___ Individual-Ally ___ Group ___

TAS has three types of membership:

1. An **Individual-Trans Member** is a self-identified **trans** person. An Individual-Trans Member shall have full voting rights and be encouraged to fully participate in all aspects of TAS, including being eligible to hold a position as an elected Director/Officer.
2. An **Individual-Ally Member** is an individual who does not self-identify as **trans**. They shall have full voting rights and be encouraged to fully participate in all aspects of TAS. Individual-Ally Members are eligible to be a Director on the Steering Committee, if appointed as a representative of an Group Member.
3. A **Group Member** is a not-for-profit group or organization that has as part of its mandate a key component that addresses trans interests. By special invitation from the Steering Committee, a Group Member may be asked to appoint one person to represent the organization's interests as an appointed Director on the Steering Committee. This representative shall have full voting rights and be encouraged to fully participate in all aspects of TAS.

----- Information below is optional & confidential -----

What other organizations or groups are you involved with?

What special skills do you have to offer?

What type of projects/activities are you interested in?