

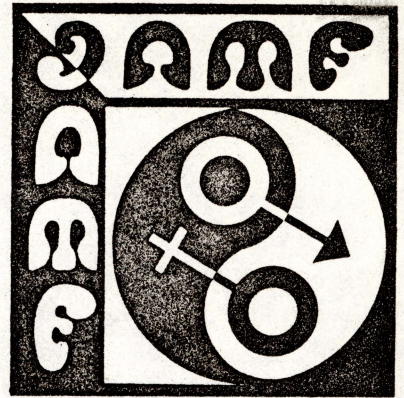
CONFIDENTIAL MEMBERSHIP APPLICATION

THE INTERNATIONAL ALLIANCE FOR MALE FEMINISM

Open To Feminists Of Both Sexes

Return with dues to:

The International Alliance
P. O. Box 623
Laurel, Maryland 20810
(301) 7768832



Please print, type or write very legibly. Put "None" or "NA" (Not Applicable), as appropriate. Checks and other financial instruments should be made payable to: "The International Alliance." For your own protection, avoid sending cash. International money order is the preferred method of payment from those outside the United States of America.

1. Full Legal Name _____ Genetic Sex _____

2. If different, give full femme name (include sur-name, if any) which you wish used in our records and publications: _____ DOB: Mon _____ Day _____ Yr _____

3. Why do you wish to join the Alliance?

4. You are: Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

5. If married, how many years? _____ Religious Preference _____

6. Is membership of spouse or friend desired (no additional dues for two women joining together provided at least one is female but separate application form is required) ? _____

7. Name of spouse or friend sponsored for joint membership _____

8. How did you first learn of The International Alliance?

9. Educational level: HS ___ 2 Yrs Col ___ Bachelor's ___ Master's ___ Doctorate ___ Other _____
Major field(s) of study _____

10. Names and ages of any children:

11. Address: Street _____ Mailing (If Different) _____

12. Home phone (AC _____) _____ Work phone (AC _____) _____ Provide any special telephone instructions _____

13. Sexual orientation: Heterosexual _____ Bisexual _____ Homosexual _____ Asexual _____ Transexual _____

14. If female, describe your attitude toward male feminism and why you support this lifestyle:

15. If male, describe your first feminine dressing experience. Give age at time. Have you gone out as a woman? Approximately what % of the time do you now live in the feminine gender role? List persons who know of your femme self and describe their reactions.

16. Describe the attitude of your spouse (and/or friend sponsored for joint membership) toward male feminism:
17. List other feminist groups you belong to (give code number, if any):
18. Occupation: _____ Hobbies: _____
19. Are you fluent in any language other than English? Yes ___ No ___ If so, state which and describe reading, writing and speaking fluency:
20. Can you provide a meeting place or assume a position of leadership in a chapter?
21. Would you be willing and able to put up a visiting Alliance sister in your home for 1-3 days? ___ If so, state any special conditions:
22. List special skills (e. g.; typing; printing; photography; illustrative, creative or graphic art; sewing; writing; cooking; public speaking; hair styling; etc.):
23. Do you have access to duplication, printing or mailing equipment? ___ If so, describe:
24. Do you own electrolysis equipment? ___ Have you had electrolysis? ___ Consulted a psychologist or psychiatrist on male feminism? ___ Taken female hormones? ___
25. Height ___ Weight ___ Eye color ___ Hair color ___ Dress size ___ Shoe size ___
26. List names, addresses and phone numbers of business firms and professionals knowledgable on subject of male feminism and who solicit male women as customers or clients:
27. What will you do to help our International Alliance grow, to promote male feminism and public information and understanding thereof, and to support our other objectives?
28. Any other information you wish to provide:

I hereby faithfully promise to abide by the established standards of conduct of The International Alliance For Male Feminism, to support its objectives, to pay the prescribed membership dues and other fees, to maintain the security of the members, and to refrain from any activity which might bring the International Alliance or its members into disrepute. I certify that I have read the above and that the answers I have given are true and honest.

Full Legal Signature _____ Date _____
 Femme Signature (if different) _____ Date _____

If possible, enclose a recent black and white glossy photograph and state whether or not we may use it in our publicity program. Such photographs are always welcome for publicity purposes!

 This portion is to be completed by The International Office:

Membership Code # _____ Local Chapter _____