

PO Box 540229 - Waltham MA 02454-0229 - 781-899-2212 - Fax 781-899-5703 - E-mail: info@ifge.org

Professional Membership Application

Thank you for joining IFGE as a Professional Member. Your annual membership includes a complimentary listing (up to 50 words) in *Transgender Tapestry's* Directory of Professional Members. The cost for a one year membership is \$175.00 and also includes a one year subscription to *Transgender Tapestry* (four issues, distributed quarterly).

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State:	Zip+4:
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	Fax:

Example listing:

Janet Vegas, Ph.D., 1500 Main St., #2D, Normal, IL 77777-7777 (fax) 666-777-8880 (e-mail) <u>ivphd@xxx.com</u>. Adult, Adolescent & Couple Counseling.

CHECK LIST – You may want to include the following information:

\triangleright	Your name and/or company name	\triangleright	FAX #
\mathbf{i}	Street Address	\triangleright	E-mail address
\triangleright	City/Town	\triangleright	Website address
\triangleright	State (country, if applicable)	\triangleright	Contact Name(s)
\triangleright	Zip Code (+4, if known)	\triangleright	Description of services offered
\triangleright	Telephone # (include area code and extension)		

You may pay with your credit card by fax, mail, or e-mail, or enclose a check or money order for \$175.00, payable to "IFGE" along with your completed application.

Mail to: IFGE, PO Box 540229, Waltham MA 02454-0229 Fax # 781-899-5703 E-mail: office@ifge.org

[] Check/ Money Order enclosed. [] Credit Card (Visa, MasterCard, Amex or Discover)

Credit Card #____

Exp. Date ___/___

Signature

Thank you for your support!

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