

# The Seahorse Society

Membership Number



of New South Wales Inc  
 Founded 1971  
 ABN 20 347 026 320



PO Box 6179 West Gosford NSW 2250  
 Mobile: 0423 125 860  
 Email: [crossdress@seahorsesoc.org](mailto:crossdress@seahorsesoc.org)  
 Website: <http://www.seahorsesoc.org>

“CROSSDRESS WITH DIGNITY”

## Membership Application

	APPLICANT	Supporting Partner (if applicable)
Surname		
First Name(s)		
Date of Birth	/ /	

I wish to be considered for membership of the Seahorse Society of NSW.  
 I agree to adhere to the rules<sup>1</sup> of the Society.

Signed \_\_\_\_\_  
 Dated / / \_\_\_\_\_

CONFIDENTIAL CONTACT DETAILS	
Postal Address for Mail and Magazines <i>posted in plain cover</i>	
MR / MRS / MISS / MS	
.....	
.....	
State:	Postcode:
Country:	
Female Name: <i>(optional)</i>	

SUBSCRIPTION		
The annual subscription is \$50.00 due on the 1st March each year. A pro-rata subscription should be included with your application as shown in the table below. Subscription will only be refunded if you have an induction interview and either you withdraw your application or your application is unsuccessful.		
Month of application	Pro-rata Subscription	Cheque/Money Order with application (tick one box)
MAR	\$50	
APR, MAY	\$45	
JUN, JUL	\$40	
AUG	\$35	
SEP, OCT	\$30	
NOV, DEC	\$25	
JAN ,FEB	\$50	
<i>membership valid for following year</i>		

<sup>1</sup> The society rules are available on request and are posted on the society website

Membership Number

When we receive your application we will pass just the details on this page on to one of our "Big Sisters" who will contact you to introduce you to the society.

INTRODUCING MEMBER	
I am being introduced to the society by a current member	
Name:	
Membership Number:	

MEMBER REJOINING	
I was previously a member of the Seahorse Society	
Name:	
Membership Number / Year:	

HOW DID YOU FIND OUT ABOUT SEAHORSE?	
WEB PAGE / PHONE BOOK / GENDER CENTER / FRIEND / Other:	

INDUCTION INTERVIEW	
How would you like to be contacted?	
<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail    (Please tick at least one)	
INDUCTION CONTACT DETAILS	
Your name for any contact:	
Email: <i>(optional)</i>	
Phone Number: <i>(optional)</i>	
Preferred Times to call:	
If you would like to give a preference for arranging your induction interview we will try to accommodate it. Where (suburb/town) and when (day/time) would be most convenient?	
BACKGROUND	
To assist with processing your application please describe your interest in crossdressing	

Please send your completed application form together with your subscription to

**Membership Secretary**  
**PO Box 6179 West Gosford NSW 2250**

*Please pay by cheque or money order made payable to The Seahorse Society of NSW Inc.*

*Do not send cash by mail.*

*Applications sent to the Society postal address will be processed but may be subject to additional delay*

*Office Use Only*

Induction by member            on  
Applicant wishes to join        YES / NO  
Comments: