

S I L H O U E T T E

APPLICATION FOR MEMBERSHIP HEDESTHIA.

CHOSEN NAMES: Forenames.....
Surname.....

DATE OF BIRTH:.....SEX.....

MARITAL STATUS
Never Married
Married
Separated
Divorced
Widow/Widower

If Married do you have children Yes/No

Ages of Children.....

Does Partner know of your crossdressing Yes/No

If yes do they: Approve
Disapprove

Do you consider your features to be: Masculine
Feminine
Neutral

WEIGHT..... HEIGHT.....

Do you, or have you ever worn a wig or hairpiece Yes/No

How long have you been crossdressing.....
Partially
Fully

What is the extent of your wardrobe.....
.....

At what age did you first experience crossdressing.....

Have you practiced this regularly since then Yes/No

If yess have you appeared in: Public
Semi-public
Private

Do you feel you can pass as a woman/man: easily
in dim light
Not at all

Have you ever consulted a doctor about you crossdressing Yes/No

If yes, please specify G.P.
Psychiatrist

Did you find him/her; Sympathetic and helpful
Sympathetic and unhelpful
Unsympathetic

Where did you first hear of Hedesthia.....

How do you feel you can benefit from Hedesthia.....
.....

Are you able to attend meetings in your area: Regularly
Sometimes
Seldom
Never

Do you have any prejudices against: Race
Creed
Nationality
Sexuality

SECTION 2

These questions may be offensive to some people. If they offend YOU please ignore them. They are asked so as to give a clear picture of your crossdressing in relation to your sexuality.

Do you consider your sex drive to be; High Average Low

Do you consider yourself to be: Straight (heterosexual) Gay (Homosexual) Bisexual

Do you, or have you ever experienced sexual pleasure from: Bondage Leather Rubber Pain Other (please specify)

When crossdressed do you experience sexual feelings: Yes/No

If yes are these feelings: Strong Average weak

Have you ever considered a permanent change of sex: Yes/No

If yes, do you see this as a: Possibility Fantasy

If a possibility what steps have you taken to achieve this.....

Are you, or have you ever taken hormones: Yes/No

If yes, what sort: Stilboestral Ethinyl Oestradiol Sustanon Other (Please specify)

Were these hormones obtained from your: G.P. Psychiatrist Other (Please specify)

Have you undergone any kind of surgery in relation to a change of sex: Yes/No

If yes, please specify.....

THE FOLLOWING ARE ESSENTIAL FOR CORRESPONDENCE AND WILL NOT BE USED FOR ANY OTHER PURPOSE:

True Name..... Address for mailing purposes..... Telephone.....

PLEASE SPECIFY HOW MAIL IS TO BE ADDRESSED: Mr/Mrs/Miss/Ms

I the undersigned hereby agree to abide by the rules of Hedesthia as set out in the manifesto.

I will at all times keep totally confidential all data including Names, Addresses and phone numbers of Officers and members of Hedesthia.

SIGNED..... Date.....