



# Membership Application

The River City Gems are a 501(c)(3) nonprofit organization with a mission to improve the lives of transgender individuals and their families by providing social opportunities, peer support, education, resources, outreach programs, and other services focused on the specific needs of the male-to-female transgender community.

MEMBER	Member Name: _____	Mailing Name: _____ <i>(optional)</i>
	Address: _____ <i>(optional)</i>	_____ City _____ State _____ Zip
	Street _____	
	Email: _____	Phone: _____ <i>(optional)</i>
	_____ Birthday Month and Day: _____	
	_____ <i>Signature Of Applicant</i>	_____ <i>Date</i> <span style="float: right;">I am 18 years of age or older. <input style="border: 1px dashed black; width: 40px; height: 20px;" type="checkbox"/> <i>Initial</i></span>

MEMBER	Member Name: _____	Mailing Name: _____ <i>(optional)</i>
	Address: _____ <i>(optional)</i>	_____ City _____ State _____ Zip
	Street _____	
	Email: _____	Phone: _____ <i>(optional)</i>
	_____ Birthday Month and Day: _____	
	_____ <i>Signature Of Applicant</i>	_____ <i>Date</i> <span style="float: right;">I am 18 years of age or older. <input style="border: 1px dashed black; width: 40px; height: 20px;" type="checkbox"/> <i>Initial</i></span>

Please enter amounts paid:	Individual	Couple
Prorated Dues	\$30.00 _____	\$45.00 _____
All donations will go towards Gems events, programs, and services.	Donation _____	Donation _____
	Total _____	Total _____

Please enclose check or money order payable to "River City Gems"

Or pay online with PayPal, Visa, Mastercard or Discover at <http://rivercitygems.org/join/>

**Mail completed application to: River City Gems, P.O. Box 601203, Sacramento, CA 95860**