

SPECTRUM TRANSGENDER GROUP of Western New York

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**SUPPORT
EDUCATION
OUTREACH
ADVOCACY**

Membership Application

All information contained on this form is confidential. Your name and address will not be released for any use outside this organization.

Membership Type:

___ Full (12 months) \$25

___ Student (12 months) \$15

___ Supporter/Ally (12 months) \$15

Name: _____

(Please print)

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

How did you learn about Spectrum? _____

Comments: _____

(Please make checks or money orders payable to "Cash" or to "Spectrum")

SPECTRUM'S MISSION:

- To provide a support structure for transgender individuals; and for their families, friends and allies.
- To assist the questioning individual in their search for awareness and comprehension of their gender identity and expression.
- To serve as an educational resource both in the transgender community and in reaching out to the surrounding community, in order to increase awareness of transgender issues.
- To work as advocates in gaining respect, dignity and basic Human Rights for transgender people everywhere.