|  |  |
| --- | --- |
| Personal Information | |
| Title | □ Mr. □ Mrs. □ Ms. □ Miss  □ Dr.  □ Other, please specify:…………………. |
| Pronouns | □ He/Him □ She/Her □ They/Them  □ Other, please specify:…………………….. |
| First or chosen name |  |
| Last Name |  |
| Sex assigned at birth | □ Male □ Female □ Intersex |
| Gender Identity | □ Male □ Female □ Transgender male  □ Transgender female □ Non-binary  □ Other, please specify………………………. |
| Country of residence |  |
| Organization/Affiliation |  |
| Role/Position |  |
| Work Address |  |
| Email address |  |
| Phone number with country code | (Optional) |
| Membership Category | □ Health Professionals  □ Transgender Community  □ Student  □ Public  □ Other, please specify:………………………. |
| Where did you hear about us? | □ Friends or colleagues  □ Your organization  □ Your network  □ Google  □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete this form and submit it to [alexfong1129@gmail.com](mailto:alexfong1129@gmail.com)