



**APPLICATION FOR MEMBERSHIP**

**SOKOL UNIT** \_\_\_\_\_

Date: \_\_\_\_\_

Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code (Zip+4): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birth Date/or Birth Year: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Publication Communication Preference: Mail \_\_\_\_\_ Email \_\_\_\_\_

U.S. Citizen or legal resident of USA? Yes \_\_\_\_\_ No \_\_\_\_\_

Upon admission to membership, I promise to be governed by the Bylaws of the American Sokol Organization and my local Unit in all my activities on their behalf.

Applicant's Signature: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

*For Office Use*

Date Installed as Member: \_\_\_\_\_

Member Type: Voting \_\_\_\_\_ Non-Voting \_\_\_\_\_

Date entered on National Database: \_\_\_\_\_