

Application for Membership

MILE HIGH MAGICIANS' SOCIETY



CLASSES OF MEMBERSHIP, FEES, AND DUES

ACTIVE MEMBERSHIP: Application fees and dues for the first year are \$35.00. Dues thereafter are \$25.00 annually. ACTIVE membership receives the newsletter as a benefit of membership as well as full access to each activity of the Mile High Magicians' Society. ACTIVE members must be 18 years of age or older. Only ACTIVE members may vote on the Society's business.

JUNIOR MEMBERSHIP: Application fees and dues for the first year are \$25.00. Dues thereafter are \$15.00 annually. JUNIOR membership receives the newsletter as a benefit of membership as well as full access to each activity of the Mile High Magicians' Society. JUNIOR members must be 14 to 17 years of age.

ASSOCIATE MEMBERSHIP: Application fees and dues for the first year are \$10.00. Dues thereafter are \$5.00 annually. ASSOCIATE members DO NOT receive the newsletter. Applicants MUST BE A SPOUSE ORBONAFIDE ASSISTANT of an ACTIVE or JUNIOR member.

Please indicate the class of membership desired and fill in all blank spaces below. Three ACTIVE members must endorse all applicants.

| General Membership Information | | Application Date: | | |
|--------------------------------|--------|-------------------|------|--|
| Full Name: | | | | |
| | First | Middle | Last | |
| Address: | | | | |
| | Street | | Apt. | |
| | City | State | Zip | |
| Professional Name (if ar | ny): | | | |
| Home Telephone: | | Cell | Fax | |
| E-Mail: | | Date of Birth: | | |

Please Print OVER

From time to time the Mile High Magicians' Society publishes information about its membershipdirectories, newsletters and a variety of articles. It is for this reason that we request this additional information. Please give a brief history of your interest in magic: Other areas of expertise and/or hobbies: Are you a member of any other magic organizations (IBM, SAM, other)? If so, please list the organization and your membership number: Please E-Mail your number to the Secretary if you don't have it with you. **ENDORSEMENTS** This applicant is vouched for and duly recommended for membership by the undersigned ACTIVE or JUNIOR members. Full Name: __ First Last Signature: _____ Date: _____ Full Name: _ First Last Signature: _____ Date: _____ Full Name: _ First Signature: _____ Date: _____ PLEDGE I hereby pledge that I will acquire a copy of the Constitution and By-Laws for the Mile high Magicians' Society with in thirty days from the granting of my membership, and I agree to abide by the terms and conditions set forth therein. I further pledge that I shall never violate any part of the Code of Ethics of this Society. Upon honor, I hereby pledge to the above, and attest that all statements made by me in this application are true and subscribed by my name hereto. _____ Date: _____

7246 Ellingwood Ave. Frederick, CO

check to:

Please make your check payable to Mile High Magicians' Society. Mail the completed application along with your

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