

Application For Membership Ring One, The Spirit of St. Louis, International Brotherhood of Magicians

(Please Print)

Name:		(=	,		
Address:		City			
State	Zip		Date of Birth:		
Business/Profession:					
Home Phone:		Work Phone:			
Cell:	Fax:		E-mail:		
Level of interest in Ma	gic: Hobby	Amateur	Semi-Pro	Professional	
	herhood of Magicians. I fu	orther pledge that I shall not		he Constitution, and By-laws of Ring of the International Brotherhood of	
Type of membership I am app Active, must be at le or submit an application for	east 18 years of age. Ring d	ues are \$42.00 per year. Mak international organization a	e check out to <i>Ring One</i> . Indiv	idual also must be an Active Member	
	ck out to Ring One. Indivi			of an Active Member. Ring dues are cation for Active Membership in the	
			per year. Make check out to <i>I</i> onal organization and be accept	A.B.M. Ring One. Individual also must oted.	
	ake check out to Ring One.			assistant of an Active Member. Ring and application for membership in the	
Applicant's Signature:					
	re you belonged to other I	Magic clubs? Where? What	type of interest do you have	e. How did you get started? How long e (general interest, stage or close-up Ring One's newsletter.	
To Pay by Check:		To Pay By Credit Card:			
Make checks payable to: I.B.M Return this Form with Check t Sandy Weis 1755 Elkins Drive,	o:	then fill in the		Press the <u>"Donate" Button</u> relect "Donate with PayPal" or llow the on screen instructions.	
		sent invoice th		t Zfunfamily@aol.com. You will be ocess our credit card transactions. to pay this invoice online.	