

Application for Membership
INTERNATIONAL BROTHERHOOD OF MAGICIANS

11155-C South Towne Square, St. Louis, Missouri, USA 63123
Office: 314-845-9200 Fax: 314-845-9220 office@magician.org

CLASSES OF MEMBERSHIP FEES AND DUES

ACTIVE MEMBERSHIP: Application fees and dues for the first year are \$65.00; dues thereafter are \$50.00 annually. Active Members receive *THE LINKING RING* Magazine as a benefit of membership.

ACTIVE MEMBERSHIP (without Linking Ring magazine): Application fees and dues for the first year are \$45.00; dues thereafter are \$30.00 annually. Active Members may choose to NOT receive *THE LINKING RING* Magazine as a benefit of membership. Must have an interest in magic for two years

YOUTH MEMBERSHIP: Application fees and dues for the first year are \$50.00; dues thereafter are \$35.00 annually. Youth Members receive *THE LINKING RING* Magazine as a benefit of membership. Applicants must be age 10 to 18 and have had an interest in magic for at least one year.

YOUTH MEMBERSHIP (without Linking Ring magazine): Application fees and dues for the first year are \$30.00. Dues thereafter are \$15.00 annually. Youth Members may choose to NOT receive *THE LINKING RING* Magazine as a benefit of membership. Applicants must be age 10 to 18 and have had an interest in magic for at least one year.

ASSOCIATE MEMBERSHIP: Application fees and dues for the first year are \$30.00, dues thereafter are \$15.00 annually. Associate Members DO NOT receive *THE LINKING RING* Magazine. Applicants MUST BE A SPOUSE OR BONAFIDE ASSISTANT of an Active Member and be over 18 years of age.

Members outside of the US and Canada can have their *Linking Ring* sent using World Delivery for an extra \$25.00, which will speed up the delivery from two or three months to two or three weeks.

YOU MUST PRINT OR TYPE THIS INFORMATION - YOUR MEMBERSHIP CARD AND CERTIFICATE WILL BE MADE USING THE SPELLING EXACTLY AS INDICATED ON THIS FORM - IT MUST BE LEGIBLE!

Two Active Members must endorse all applicants. Check appropriate class below.

- ACTIVE ACTIVE (without magazine)
 YOUTH YOUTH (without magazine) ASSOCIATE

If paying your dues/fees by credit card, give CREDIT CARD TYPE, NUMBER and EXPIRATION DATE:
(We accept MasterCard, Visa, or American Express)

CARD TYPE: MasterCard Visa American Express

--- -- -- -- -- -- --
EXPIRATION DATE: Mo/Year / **SECURITY CODE:** -- -- --

Please Print Clearly

Mr. Mrs. Ms.

Name (First): _____ Middle _____

(Last) _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip _____ Country _____

Home Phone _____ Business Phone _____ Fax _____ Cell _____

Email Address _____ Date of Birth: **MO** _____ /**Day** _____ /**Year** _____

Professional Name (if any) _____

Business or Profession _____

Retired? (Y/N) _____

If you are an Associate Member applicant, please list spouse or Active Member assisted here: _____

If joining through an I.B.M Ring, please give the Ring number: _____

REINSTATEMENTS

Applicants seeking REINSTATEMENT (must have formerly been a member) in the I.B.M. must also provide the name, address and I.B.M. number of previous membership.

ORIGINAL I.B.M. NUMBER _____

Name _____

Address _____

City, State/Province, Country, Zip _____

YOUR BACKGROUND

Your status in magic (check one):

- PROFESSIONAL
- PART-TIME PRO
- AMATEUR
- SPOUSE
- ASSISTANT
- COLLECTOR
- DEALER
- OTHER

Please give a brief history of your interest in magic: _____

Other areas of expertise and/or hobbies: _____

PLEDGE

I hereby pledge that I will abide by the Constitution and By-Laws of the International Brotherhood of Magicians and of any affiliated Rings of which I may become a member and any and all amendments thereto as well as its Convention mandates. I further pledge that I shall never violate any part of "THE CODE OF ETHICS" of the International Brotherhood of Magicians. I also pledge not to expose the modus operandi of any magical effect. Upon my honor, I pledge to the above and attest that all statements made by me in this application are true and subscribe my name hereto.

Signature (in ink) _____ Date _____

ENDORSEMENTS

This applicant is vouched for and duly recommended for membership by the undersigned Active Members. (Please print first, and then sign in ink.)

Name _____

Address _____ City _____ State/Country _____ Zip _____

Signature _____ **I.B.M Number** _____

Name _____

Address _____ City _____ State/Country _____ Zip _____

Signature _____ **I.B.M Number** _____



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: _____ I.B.M. No.: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Fax: _____ E-mail: _____

Level of interest in Magic: Hobby _____ Amateur _____ Semi-Pro _____ Professional _____

Pledge: I hereby apply for membership in Ring One. I pledge and attest by my signature below that I will abide by the Constitution, and By-laws of Ring One and the International Brotherhood of Magicians. I further pledge that I shall not violate "The Code of Ethics" of the International Brotherhood of Magicians nor will I expose the modus operandi of any magical effect.

Type of membership I am applying for is:

_____ **Active**, must be at least 18 years of age. Ring dues are \$15.00 per year. Make check out to *Ring One*. Individual also must be an Active Member or submit an application for Active Membership in the international organization and be accepted.

_____ **Active Associate**, must be at least 18 years of age and spouse, family member or a bona fide assistant of an Active Member. Ring dues are \$12.00 per year. Make check out to *Ring One*. Individual also must be an Active Member or submit an application for Active Membership in the international organization and be accepted.

_____ **Youth**, must be at least 10 and under 18 years of age. Ring dues are \$15.00 per year. Make check out to *Ring One*. Individual also must be a Youth Member or submit a signed application for membership in the international organization and be accepted.

_____ **Youth Associate**, must be at least 10 and under 18 years of age and spouse, family member or a bona fide assistant of an Active Member. Ring dues are \$12.00 per year. Make check out to *Ring One*. Individual also must be a Youth Member or submit a signed application for membership in the international organization and be accepted.

Applicant's Signature: _____ Date: _____

Your Background: On a separate sheet please or on the back of this page, tell us briefly about your interest in magic. How did you get started? How long have you been interested? Have you belonged to other Magic clubs? Where? What type of interest do you have (general interest, stage or close-up performance, history or collection, etc.)? Add other pertinent details about yourself for a brief write-up in the *Spirit*, Ring One's newsletter.

Return this Form with Check to:

Larry Skorepa, 446 Bush Dr., Ballwin, MO 63021, Phone (636) 394-2968, Email LSkorepa@IBMRing1.com

Recommended for membership by:

(Print) _____ (Signature) _____

(Print) _____ (Signature) _____