



AMERICAN SOKOL
Educational and Physical Culture Organization
APPLICATION FOR MEMBERSHIP

Date: _____

Sokol: _____ Sokolice: _____

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Res. Phone: _____ Bus. Phone: _____

E-Mail Address: _____

Married Single Date of Birth: ____/____/____

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

City, State, Country of Birth: _____

Spouse: _____

Children (*Names/Ages*): _____

Please list other clubs, organizations to which you belong: _____

Sponsor: _____

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

Signature of Applicant: _____