



APPLICATION FOR MEMBERSHIP

In Ring# _____ of the

INTERNATIONAL BROTHERHOOD OF MAGICIANS

DATE _____

Name in full _____

Professional Name if any _____

Address _____

International Membership # _____ Dues paid to date _____ 20_____

Date of Birth _____ Nationality _____

Business or Professional _____ Semi-Pro _____ Amateur _____ Collector _____ Or Dealer _____?

List any other magical organizations to which you belong _____

Brief History in Magic

I hereby apply for membership in Ring # _____ and Pledge that I will abide by the Constitution and By-Laws of this Ring. I submit the required dues, if any, for membership in this Ring until _____ 20_____, which dues shall be refunded if my application is rejected.

Recommended for membership by
The following members

- _____
- _____

Applicant's Signature _____

Membership in Ring _____

Rejected _____ 20_____

Granted _____ 20_____

This form is to be filled out in duplicate. If membership is granted send one copy to the International Brotherhood of Magicians Headquarters Office, 11155 South Towne Square Suite B., St. Louis, MO. 63123