

Application for Membership

INTERNATIONAL BROTHERHOOD OF MAGICIANS

13 Point West Blvd, St. Charles, Missouri, USA 63301
Office: 636-724-2400 Fax: 636-724-8566 office@magician.org

CLASSES OF MEMBERSHIP FEES AND DUES

ACTIVE MEMBERSHIP: Application fees and dues for the first year are \$75.00; dues thereafter are \$60.00 annually. Active Members receive access to the digital version of THE LINKING RING Magazine as a benefit of membership. Applicant must be at least 18 years old and interested in magic for two years.

() For \$10 more you can add the hard copy of The Linking Ring. Total \$85 the first year; dues thereafter are \$70

ACTIVE MEMBERSHIP (without Linking Ring magazine): Application fees and dues for the first year are \$55.00; dues thereafter are \$40.00 annually. Active Members may choose to NOT to have access to THE LINKING RING Magazine as a benefit of membership. Applicant must be at least 18 years old and interested in magic for two years.

YOUTH MEMBERSHIP: Application fees and dues for the first year are \$55.00; dues thereafter are \$40.00 annually. Youth Members receive access to the digital version of THE LINKING RING Magazine as a benefit of membership. Applicants must be age 7 to 17 and have had an interest in magic for at least one year.

() For \$10 more you can add the hard copy of The Linking Ring. Total \$65 the first year; dues thereafter are \$50

YOUTH MEMBERSHIP (without Linking Ring magazine): Application fees and dues for the first year are \$35.00. Dues thereafter are \$20.00 annually. Youth Members may choose to NOT to have access to THE LINKING RING Magazine as a benefit of membership. Applicants must be age 7 to 17 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 have access to THE LINKING RING Magazine. Applicants MUST BE A SPOUSE OR BONAFIDE ASSISTANT of an Active Member and be at least 18 year of age.

An extra \$10.00 per year postage fee applies for applicants mailing the Linking Ring to Canada & Mexico. An extra \$20.00 per year postage fee applies for all other applicants mailing the Linking Ring outside USA, Canada & Mexico.

(Membership fee subject to change without notice)

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

() 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: _____

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EXPIRATION DATE: Mo\Year ____/____ SECURITY CODE: _____

Please Print Clearly

Mr. ___ Mrs. ___ Ms. ___

Name: (First) _____ (Middle) _____

(Last) _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Home Phone _____ Business Phone _____ Fax _____

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 MAGICAL 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, attest that all statements made by me in this application are true, and subscribe my name hereto.

Signature (in ink) _____ Date _____