



**APPLICATION FOR MEMBERSHIP
GENE GORDON - KARL NORMAN RING 12, INC.**

I hereby apply for membership in Ring 12, International Brotherhood of Magicians, Buffalo, New York. I herewith submit the required sum for the membership fee, including dues for the first year. I understand that the fee will be returned if the application is rejected.

Membership Level (please check only one): Resident _____ Non-Resident _____

Name: _____ Date of Birth: _____

Address: _____
Street City State/Province Zip Code

Phone: (_____) _____ E-Mail: _____

Single: _____ Married: _____ Name of Spouse/Significant Other: _____

Occupation: _____ Business Phone: (_____) _____

Business Address: _____
Street City State/Province Zip Code

Why do you desire to join Ring 12? _____

Do you promise to abide by the Constitution and By-Laws of Ring 12? Yes _____ No _____

Will you attend, to the best of your ability, all Ring 12 meetings? Yes _____ No _____ NA _____

Magician Status: Professional _____ Amateur _____ Perform in public shows? Yes _____ No _____

In which branch(es) of magic are you interested? (Circle all that apply.)

- | | | | |
|-------------------|------------------|--------------|------------------|
| Balloon Creations | Coins | Mathemagic | Stage Illusions |
| Card Manipulation | Escapology | Mentalism | Stand-up |
| Children's Magic | Grand Illusions | Parlor | Street (Busking) |
| Close-Up (Table) | History of Magic | Shock (Geek) | Other _____ |

Are you a member of the I.B.M.? Yes _____ (Member # _____) No _____
(Please note that to join any I.B.M. Ring you must already be an I.B.M. member in good standing.)

List other magic societies to which you belong: _____

List non-magic organizations to which you belong: _____

Signature of Applicant

Date

I am being recommended for membership by the following two (2) Ring 12 members in Good Standing:

Signature of First Recommending Member

Signature of Second Recommending Member

CODE OF ETHICS

I hereby make application for membership in Ring 12, International Brotherhood of Magicians, Buffalo, New York, and if accepted, I hereby pledge upon my Word of Honor that I will abide by the Constitution and By- Laws of the International Brotherhood of Magicians and of Ring 12. I promise that I will not violate any part of the CODE OF ETHICS as adopted by the International Brotherhood of Magicians, June 16th, 1938. I further promise that I will not offer my services as a magician without proper compensation. It is understood that offering my services as a magician without proper compensation STRICTLY FOR CHARITABLE PURPOSES shall not be considered a violation of my pledge. The first consideration of a magician should be the reaffirmation of this belief and acceptance of the Golden Rule:

“DO UNTO OTHERS AS YOU WOULD HAVE THEM DO UNTO YOU”

“THOU SHALT NOT EXPOSE”

Exposing shall consist in offering for public consumption, sale, or perusal, the secrets of the magician's art, illusions, sleights, gimmicks, methods, or principles.

PENALTY FOR EXPOSING: The exposer shall be subject to loss of membership in Ring 12 based upon the decision of the Board of Directors. I agree that should I be found and adjudged guilty, by the Board of Directors of Ring 12 and/or the Grievance Committee of the International Brotherhood of Magicians, of violating any of the above mentioned pledges, that I shall be expelled from membership not only in Ring 12, but also in the International Brotherhood of Magicians, for a period of not less than one year, and that I shall surrender my membership cards from both Ring 12 and the International Brotherhood of Magicians upon request and without recourse.

To all the above I hereby subscribe my name this _____ day of the month of _____, 20 _____

Signature of Applicant

REPORT OF MEMBERSHIP COMMITTEE

Application Review Date: _____

Application Status: Approved _____ Rejected _____ Tabled _____

Remarks: _____

Signature(s) of Membership Chair(s): _____

#####

Ring 12 Dues paid in the amount of \$ _____ by cash / check (# _____) on _____.

I.B.M. Dues: Applicable _____ Not Applicable _____ (current member)

I.B.M. Dues paid in the amount of \$ _____ by cash / check (# _____) on _____.