

Sokol Spirit Member Application

This membership allows applicant to attend all unit meetings and vote on all matters pertaining to Sokol Spirit. Voting members are eligible for unit offices, they and their children can participate in Classes, and these members can also participate in Central District and American Sokol events and programs.



Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Alt. Phone _____

E-Mail Address _____

City, State, Country of Birth _____

Country of Citizenship _____ Are you a legal US resident? _____

Marital Status _____ Date of Birth _____

Spouse's name (if applicable) _____

Children (names/ages) _____

Occupation _____

List other clubs & organizations to which you belong: _____

If you are a former member of Sokol please provide approximate dates of membership and the unit you belonged to. **Unit** _____ **Dates** _____

Sponsor for Membership: _____

Upon Admission to membership, I promise to be governed by the By-Laws of the American Sokol Organization and the By-Laws of Sokol Spirit.

Signature _____ **Date** _____

Membership Dues: **\$75.00** Annually

Make check payable to Sokol Spirit