



# SOKOL KHB ENNIS

## APPLICATION FOR ASSOCIATE MEMBERSHIP

(PLEASE PRINT)



**\*Applicant must be age 17 or older \* One person per application \* Application must be filled out completely\***

Date: \_\_\_\_\_ *Note: If applying in Nov or Dec, membership will take effect Jan 1st*

Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code (Zip+4): \_\_\_\_\_

Email: \_\_\_\_\_ Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Publication Communication Preference: Mail \_\_\_\_\_ Email \_\_\_\_\_

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

Reason for joining: \_\_\_\_\_ Volunteer interests: \_\_\_\_\_

Select one of the membership levels below:

<input type="checkbox"/> <b>GOLD (American Sokol)</b>  <b>\$65</b> if application date prior to June 30 <b>\$40</b> if application date after June 30 <b>\$95</b> if application date after June 30 & also paying for following year (\$10 Discount)  <i>Dues must be paid yearly by Dec 31</i> <u>Privileges:</u> <ul style="list-style-type: none"> <li>Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office</li> <li>Swimming Pool (<b>entry fees not included in dues</b>)</li> <li>Gym and educational activities and classes (fitness, gymnastics, volleyball, etc.); Library access; Eligible for membership awards and youth scholarships; American Sokol membership and newsletter; May serve on committees except those dealing with financial disbursements or property assets; Eligible for voting membership and elected office after 6 months</li> </ul>	<input type="checkbox"/> <b>SILVER (Social Club)</b>  <b>\$45</b>  <i>Dues must be paid yearly by Dec 31</i> <u>Privileges:</u> <ul style="list-style-type: none"> <li>Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office</li> <li>Swimming Pool (<b>entry fees not included in dues</b>)</li> <li>Volleyball (recreational only/non-competitive)</li> </ul> <p><i>Note: Silver is only a social membership and not American Sokol membership. To support and/or participate in physical, educational and cultural programs, or to be involved in the organization, please select Gold.</i></p>	<input type="checkbox"/> <b>BRONZE (Social Club)</b>  <b>\$25</b>  <i>Dues must be paid yearly by Dec 31</i> <u>Privileges:</u> <ul style="list-style-type: none"> <li>Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office</li> </ul> <p><i>Note: Bronze is only a social membership and not American Sokol membership. To support and/or participate in physical, educational and cultural programs, or to be involved in the organization, please select Gold.</i></p>
---	--	--

Amount paid: \$ \_\_\_\_\_ Method of payment (select one): ☐ Check ☐ Cash ☐ Card ☐ Online

**AGREEMENT** – All members must pay required dues and fees, be a U.S. citizen or legal resident, demonstrate good character and habits, have an appreciation of Czech, Slovak and Slavonic culture and heritage, observe the directives and policies of Sokol KHB Ennis, be responsible for their guests at all times, guard and honor the interest of Sokol KHB Ennis, and uphold Sokol discipline.

\*Gold members must also observe the directives and policies of American Sokol and Southern District and guard and honor their interest.

**ACCEPTANCE** - If membership is approved, applicant will be mailed a member card and acceptance letter. If declined, applicant will be mailed a decline letter with returned payment. A declined applicant may reapply for membership after 6 months. Applicants may be required to meet with Membership Committee; if so, they will be notified of the date/time of that meeting.

**STATEMENT** - I affirm that I understand the conditions of membership. If admitted to membership in Sokol KHB Ennis, I promise to abide by its policies and rules, to support its purpose and goals, and to be governed by its bylaws in all my activities on behalf of said organization.

**Applicant's Signature:** \_\_\_\_\_ **Sponsor's Signature:** \_\_\_\_\_

Return completed and signed application with payment (unless paid online) to management at Sokol Activity Center or mail to:

**Sokol KHB Ennis - P.O. Box 205 – Ennis, TX 75120-0205 – Attn: Financial Secretary**

(Make check payable to Sokol KHB Ennis)

For more info, visit [www.sokolennis.com/membership](http://www.sokolennis.com/membership) or email [membership@sokolennis.com](mailto:membership@sokolennis.com) or call 972-875-7959

*For American Sokol Office Use*

Date Installed as Member: \_\_\_\_\_ Member Type: Voting \_\_\_\_\_ Non-Voting \_\_\_\_\_

Date entered on National Database: \_\_\_\_\_