



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: _____

Title: Mr. _____ Mrs. _____ Ms. _____

Name: _____

Address: _____

City: _____ State: _____ Postal Code (Zip+4): _____

Email: _____ Home Ph#: _____ Cell Ph#: _____

Birth Date/or Birth Year: _____ Male _____ Female _____

Publication Communication Preference: Mail _____ Email _____

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

Volunteer interests: _____

Select one of the membership levels below:

<input type="checkbox"/> GOLD (American Sokol) \$80 (Initial payment includes a \$15 registration fee) \$65 dues must be paid annually by Dec 31 <u>Privileges:</u> <ul style="list-style-type: none">• Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office• Swimming Pool access• Gym and educational activities & classes (fitness, gymnastics, volleyball, dance, etc.); Library access; Eligible for member awards & youth scholarships; American Sokol membership & newsletter; May serve on committees except those dealing with financial disbursements or property assets; Eligible for voting membership & elected office after 6 months	<input type="checkbox"/> SILVER (Social Club) \$45 \$45 dues must be paid annually by Dec 31 <u>Privileges:</u> <ul style="list-style-type: none">• Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office• Swimming Pool access	<input type="checkbox"/> BRONZE (Social Club) \$25 \$25 dues must be paid annually by Dec 31 <u>Privileges:</u> <ul style="list-style-type: none">• Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office
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Amount paid: \$ _____ Method of payment (select one): ☐ Check ☐ Cash ☐ 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 sokolennis.com or email 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: _____