

## 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, mem	ibership will take effect Jan 1st	
Title: MrMrsMs.			
Name:			
Address:			
	State: Postal Cod	e (Zip+4):	
Email:			
Birth Date:			
Publication Communication Prefere			
U.S. Citizen or legal resident of USA			
Reason for joining:			
Select one of the membership levels			
GOLD (American Sokol)	SILVER (Social Club)	BRONZE (Social Club)	
\$65 if application date prior to June 30 \$40 if application date after June 30 \$95 if application date after June 30 & also paying for following year (\$10 Discount)	<b>\$45</b>	<b>\$25</b>	
Dues must be paid yearly by Dec 31 (Late fees apply)  Privileges:  Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office  Swimming Pool (entry fees not included in dues)  Gym and educational activities and classes (fitness, gymnastics, volleyball, etc.); Library access; Eligible for membership awards and youth scholarships; American Sokol membership and	Dues must be paid yearly by Dec 31  Privileges:  Clubroom access; Hall rentals; Newsletter; May attend member meetings but without privilege of voting or holding elected office  Swimming Pool (entry fees not included in dues)  Note: Silver is only a social membership and not American Sokol membership. To support and/or participate in physical, educational and cultural	Dues must be paid yearly by Dec 31  Privileges:  • Clubroom access; Hall rentals; Newsletter; attend member meetings but without privileg voting or holding elected office  Note: Bronze is only a social membership and American Sokol membership. To support and	ge of not d/or
newsletter; May serve on committees except those dealing with financial disbursements or property assets; Eligible for voting membership and elected office after 6 months	programs, or to be involved in the organization, please select Gold.	participate in physical, educational and cult programs, or to be involved in the organizat please select Gold.	tion,
Amount paid: \$ M	ethod of payment (select one): $\Box$	Check	le
AGREEMENT – All members must pay required appreciation of Czech, Slovak and Slavonic cultur at all times, guard and honor the interest of Sokol *Gold members must also observe the directives a	e and heritage, observe the directives and polices of KHB Ennis, and uphold Sokol discipline.	of Sokol KHB Ennis, be responsible for their g	
ACCEPTANCE - If membership is approved, app decline letter with returned payment. A declined Membership Committee; if so, they will be notified	applicant may reapply for membership after 6 r		
STATEMENT - I affirm that I understand the corpolicies and rules, to support its purpose and goal			y its
Applicant's Signature:	Sponsor's Signature	e:	
	ation with payment (unless paid online) to manageme s - P.O. Box 205 – Ennis, TX 75120-0205 – Attn: Fi		
For more info, visit www.soko	(Make check payable to Sokol KHB Ennis) lennis.com/membership or email membership@sokole	ennis.com or call 972-875-7959	
For American Sokol Office Use			
Date Installed as Member:	Member Type:	VotingNon-Voting	
Date entered on National Databas	se:		