



AMERICAN SOKOL ORGANIZATION APPLICATION FOR ASSOCIATE MEMBERSHIP (PLEASE PRINT)

GOLD

Applicant must be age 17 or older. One person per application.
Application must be filled out completely. Applicant must give full name. Women must include maiden name.

Unit Name:	Sokol Karel Havlíček Borovský (KHB) - Ennis		
Application Date:			
Mr., Mrs., or Miss:			
First Name:			
Last Name:			
Maiden Name:			
Street Address:			
City:	State:	Zip:	
Home Phone:			
Cell Phone:			
Email:			
Date of Birth:			
Place of Birth (City/State/Country):			
Spouses Name:			
Children's Names:			
Occupation of Applicant:			
Occupation of Spouse:			
Are you a U.S. Citizen or Legal Resident? (Yes or No):			
Provide other organizations that you are a member of:			
Provide name of voting member that is sponsoring you:			
Select volunteer interests:	<input type="checkbox"/> Physical Fitness	<input type="checkbox"/> Publication/Editing	<input type="checkbox"/> Facilities/Building Maintenance
	<input type="checkbox"/> Education/Culture	<input type="checkbox"/> Bylaws/Procedures	<input type="checkbox"/> Grounds/Landscaping
	<input type="checkbox"/> Museum/Library/Archiving	<input type="checkbox"/> Financial/Bookkeeping	<input type="checkbox"/> Swimming Pool Maintenance
	<input type="checkbox"/> Fundraising/Grant-Writing	<input type="checkbox"/> Events/Entertainment	<input type="checkbox"/> Culinary/Kitchen
	<input type="checkbox"/> Membership/Recruiting	<input type="checkbox"/> Legal/Contracts	<input type="checkbox"/> Strategic Planning
	<input type="checkbox"/> Public Relations/Marketing	<input type="checkbox"/> Safety/Security	<input type="checkbox"/> Other: _____
Do you affirm that you are loyal to the government of the United States of America and that you are not a member of any subversive organization?			
If admitted to membership in the American Sokol Organization, do you promise to be governed by its bylaws in all your activities on behalf of said organization?			
Amount paid: \$	Method of payment (select one): <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Online		
<small>\$80 if applying between Nov 1 - June 30 \$55 if applying between July 1 - Oct 31 \$110 if applying between July 1 - Oct 31, and paying for next year</small>			
<small>American Sokol (Gold) members have access to gym activities/classes (volleyball, gymnastics, etc.) and other sponsored programs with payment of individual or family fees, receive publications from the American Sokol and the Unit, can attend Unit member meetings but without privilege of voting or holding elected office, can serve on committees except those dealing with financial disbursements or property assets, are eligible for voting (regular) membership after 6 months, have access to the Swimming Pool during its regular open hours with purchase of daily admission or season pass for themselves and their children ages 16 and younger, have access to the clubroom during its regular open hours, can purchase food and beverages in the Sokol Activity Center, and can attend social events held in the Sokol Activity Center with purchase of admission when admission fees apply. 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 American Sokol, the District and the Unit, guard and honor the interest of the American Sokol, the District and the Unit, and uphold Sokol discipline. The initial dues payment includes a one-time \$15 registration fee. Annual dues are \$65. If approved at the next Membership Meeting, 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 the Membership Committee; if so, they will be notified of the date/time of that meeting.</small>			
<small>STATEMENT - I affirm that I understand the conditions of membership, that I am loyal to the government of the United States of America, and that I am not a member of any subversive organization. If admitted to membership in the American Sokol Organization, 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.</small>			
Signature of Applicant:			Date:

Return completed and signed application with payment (unless paid online) to manager 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)