



AMERICAN
SOKOL
WASHINGTON, DC

A NON-PROFIT EDUCATIONAL AND PHYSICAL CULTURE ORGANIZATION

MEMBERSHIP APPLICATION

Name: First, Middle, Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone - Home: _____ Work: _____ Cell: _____

E- Mail Address: _____

DOB (MM/DD/YEAR): _____ State: _____ City: _____ Country: _____

Married Single

Spouse's Name: _____

Children (Names and Ages): _____

Occupation: _____ U.S. CITIZEN: YES NO

Applicant's Sponsor: _____

STATEMENT: I affirm that I am loyal to the government of the United States of America and that I am not a member or any subversive organization. If admitted to membership of the American Sokol Organization, I promise to be governed by its by-laws.

Please mail this application and a check in the amount of the appropriate annual dues, payable to Sokol Washington, D.C., by 1st of January. (\$5.00 late fee after January 15th) to Gabriela Kohlmayer, 6848 McFall Place, McLean, VA 22101. Once you attend a membership meeting, you will be sworn in.

Date: _____ Signature of Applicant _____