



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

How did you learn about American Sokol?

Do you want to subscribe monthly Newsletter : YES NO

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 submit this application and a check in the amount of the appropriate annual dues, payable to American Sokol Washington, D.C., to membership director Dagmar Merkova membership@sokolwashington.org
To be sworn in as a voting member you must be active in organization and attend membership meeting, you will be sworn in.*

Payment: check cash paypal

Date: _____ Signature of Applicant _____