



American Sokol Los Angeles
c/o Lillian Roter, President
4817 Neblina Drive
Carlsbad, CA 92008-3725

APPLICATION FOR MEMBERSHIP

SOKOL UNIT Los Angeles

Date: _____

Title: Mr. _____ Mrs. _____ Ms. _____

Name: _____

Address: _____

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

Email: _____ Telephone: _____

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

Publication Communication Preference: Mail _____ Email _____

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

Upon admission to membership, I promise to be governed by the Bylaws of the American Sokol Organization and my local Unit in all my activities on their behalf.

Applicant's Signature: _____

Sponsor's Signature: _____

For Office Use

Date Installed as Member: _____

Member Type: Voting _____ Non-Voting _____

Date entered on National Database: _____
(See reverse for more information)

City, State, Country of birth _____

Occupation _____

Married ___ Single ___ Widowed ___

Name of Spouse _____

Children in your household (Names/Ages)

List other clubs, organizations to which you belong

Are you of Czech/Slovak heritage? Yes ___ No ___

How did you hear about Sokol? _____

Are you or your children currently enrolled in our programs? Yes ___ No ___

Explain _____

Sokol Los Angeles Dues and Fees to be submitted with Membership Application:

Individuals under 65 years of age: Annual Dues are \$35.00

Individuals 65 years of age and older: Annual Dues are \$25.00

One-time Application Fee is \$5.00

NOTE: Sokol Los Angeles pays to American Sokol Organization headquartered in Illinois annual dues of \$35.00 per member regardless of age plus a one-time application fee of \$15.00.