



AMERICAN SOKOL
Educational and Physical Culture Organization
4817 Neblina Drive, Carlsbad, CA 92008-3725

APPLICATION FOR MEMBERSHIP

Sokol Los Angeles, Los Angeles, CA

Name:(Please print) _____

Street Address: _____

City:_____ State:_____ Zip+4:_____

Res. Phone:_____ Bus. Phone:_____ Cell Phone:_____

E-Mail address:_____

U.S. Citizen or Legal Resident of USA? Yes No

City, State, Country of Birth: _____

Married Single Date of Birth (mm/dd/yyyy): ____/____/____

Spouse: _____

Children (Names/Ages):_____

Please list other clubs/organizations to which you belong: _____

Sponsor Name:_____ Transfer From: _____

Upon admission to membership, you agree to pledge your allegiance to Sokol Los Angeles and will be governed by the Constitution and By-Laws of American Sokol as follows:

I shall abide by the By-Laws of the American Sokol, the Pacific District and this Unit, Sokol Los Angeles of Los Angeles, California.

I shall always be faithful to my country, the United States of America.

I further promise that I shall, in all my actions, speech and life, strive to bring honor to the Sokols and their cause.

I shall do everything within my power to strengthen the Sokol Organization by participating in its activities.

I accept this pledge voluntarily, with no mental reservations.

Signature of Applicant: _____ Date: _____

(A \$5.00 application fee is required to be submitted with application. Applicant will be considered a non-voting member and must regularly attend Sokol Los Angeles general meetings to be considered for voting membership. Membership dues are payable upon acceptance and may be prorated.)