



SOKOL ST. LOUIS MEMBERSHIP APPLICATION

Title: Mr. Mrs. Ms. __

Full Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Birth Date or Birth Year: _____

Type of Membership:

Family - Two Individuals with Children (two applications required) -- \$150

Family - Individual with Children -- \$150

Individual -- \$75

Student -- \$50

Name of Spouse: _____

Children's Names and Ages: _____

Why do you want to be a member of Sokol?

Have you ever applied for membership in any other Sokol Unit: Yes No

If yes, please state Unit name, results, and current membership status:

Have you ever been expelled from any other organization? Yes No

Occupation: _____ Other Skills: _____

How could you share your talents with Sokol: _____

If approved for membership, which committees are you interested in helping?

Board of Instructors Public Relations Membership Entertainment Camp Committee

Children's Camping Bylaws & SOPs Educational Newsletter Other: _____

Could you attend monthly membership meetings: Yes No

(Meetings currently held on 4th Thursday of each month at 7:00 PM)

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

Applicant's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

Screened by: _____ Date: _____

For Unit Use

Date Installed as Member: _____

Member Type: Voting Non-Voting

Date entered in national database: _____

7/6/2023