

Application for Membership
INTERNATIONAL BROTHERHOOD OF MAGICIANS

13 Point West Blvd, St. Charles, Missouri, USA 63301
Office: 636-724-2400 Fax: 636-724-8566 office@magician.org

CLASSES OF MEMBERSHIP FEES AND DUES

ACTIVE MEMBERSHIP: Application fees and dues for the first year are \$65.00; dues thereafter are \$50.00 annually. Active Members receive *THE LINKING RING* Magazine as a benefit of membership. Applicant must be at least 18 years old and interested in magic for two years.

ACTIVE MEMBERSHIP (without *Linking Ring* magazine): Application fees and dues for the first year are \$45.00; dues thereafter are \$30.00 annually. Active Members may choose to NOT receive *THE LINKING RING* Magazine as a benefit of membership. Applicant must be at least 18 years old and interested in magic for two years.

YOUTH MEMBERSHIP: Application fees and dues for the first year are \$50.00; dues thereafter are \$35.00 annually. Youth Members receive *THE LINKING RING* Magazine as a benefit of membership. Applicants must be age 7 to 17 and have had an interest in magic for at least one year.

YOUTH MEMBERSHIP (without *Linking Ring* magazine): Application fees and dues for the first year are \$30.00. Dues thereafter are \$15.00 annually. Youth Members may choose to NOT receive *THE LINKING RING* Magazine as a benefit of membership. Applicants must be age 7 to 17 and have had an interest in magic for at least one year.

ASSOCIATE MEMBERSHIP: Application fees and dues for the first year are \$30.00; dues thereafter are \$15.00 annually. Associate Members DO NOT receive *THE LINKING RING* Magazine. Applicants MUST BE A SPOUSE OR BONAFIDE ASSISTANT of an Active Member and be at least 18 year of age.

Members outside of the US and Canada can have their *Linking Ring* sent using World Delivery for an extra \$25.00, which will speed up the delivery from two or three months to two or three weeks.

(Membership fee subject to change without notice)

YOU MUST PRINT OR TYPE THIS INFORMATION - YOUR MEMBERSHIP CARD AND CERTIFICATE WILL BE MADE USING THE SPELLING EXACTLY AS INDICATED ON THIS FORM - IT MUST BE LEGIBLE!

Two Active Members must endorse all applicants. Check appropriate class below.

ACTIVE ACTIVE (without magazine)
 YOUTH YOUTH (without magazine) ASSOCIATE

If paying your dues/fees by credit card, give CREDIT CARD TYPE, NUMBER and EXPIRATION DATE:
(We accept MasterCard, Visa, or American Express)

CARD TYPE: _____

_____ -- _____ -- _____ -- _____

EXPIRATION DATE: Mo\Year ____ / ____ **SECURITY CODE:** ____

Please Print Clearly

Mr. ____ Mrs. ____ Ms. ____

Name: (First) _____ (Middle) _____

(Last) _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip _____ Country _____

Home Phone _____ Business Phone _____ Fax _____

Email Address _____ Date of Birth: **Mo** _____ /**Day** _____ /**Year** _____

Professional Name (if any) _____

Business or Profession _____ Retired? (Y/N) _____

If you are an Associate Member applicant, please list spouse or Active Member assisted here: _____

If joining through an I.B.M Ring, please give the Ring number: _____

REINSTATEMENTS

Applicants seeking REINSTATEMENT (must have formerly been a member) in the I.B.M. must also provide the name, address and I.B.M. number of previous membership.

ORIGINAL I.B.M. NUMBER _____

Name _____

Address _____

City, State/Province, Country, Zip _____

YOUR BACKGROUND

Your status in magic (check one):

PROFESSIONAL PART-TIME PRO AMATEUR SPOUSE
 ASSISTANT COLLECTOR DEALER OTHER

Please give a brief history of your interest in magic: _____

Other areas of expertise and/or hobbies: _____

PLEDGE

I hereby pledge that I will abide by the Constitution and By-Laws of the International Brotherhood of Magicians and of any affiliated Rings of which I may become a member and any and all amendments thereto as well as its Convention mandates. I further pledge that I shall never violate any part of "THE CODE OF ETHICS" of the International Brotherhood of Magicians. I also pledge not to expose the modus operandi of any magical effect. Upon my honor, I pledge to the above and attest that all statements made by me in this application are true and subscribe my name hereto.

Signature (in ink) _____ Date _____

ENDORSEMENTS

This applicant is vouched for and duly recommended for membership by the undersigned Active Members. (Please print first, and then sign in ink.)

Name _____

Address _____ City _____ State/Country _____ Zip _____

Signature _____ **I.B.M Number** _____

Name _____

Address _____ City _____ State/Country _____ Zip _____

Signature _____ **I.B.M Number** _____