

Long Island Mystics SAM Assembly 77 Membership Application

APPLICANT'S BACKGROUND (Please print or type. This document is a PDF form and can be typed on your computer then printed.)

Full Name: _____

Stage Name (if different): _____

Address: _____

City, State, Zip/Postal Code: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Email Address: _____

Website: _____

Date of birth (Month/Day/Year): _____

Business or Profession: _____

Company: _____

College(s) Attended: Degree(s): _____

Spouse or Significant Other: _____

Are you interested in holding office or serving on committees?

YES NO

MAGIC STATUS (check all that apply)

Professional Magic Manufacturer Part-time Professional Dealer Amateur

Collector Assistant Writer Other (please explain): _____

Have you previously been a member of this Assembly?

YES NO

Are you a member of the National Society?

YES NO

Please give membership number: _____

Have you ever been expelled from or refused membership in any magic organization?

[] YES [] NO

If so, give details _____

Give the name(s) of any magic organization(s) to which you belong:

Do you, or did you, hold any office in any other magical organization(s)?

[] YES [] NO

If so, give details _____

Comments

Please use this space to give a short biography of yourself that will indicate how and when you became interested in magic; the type of magic that interests you most; your connection with shows, stage or club work; or anything which you feel will be of interest to magicians in general, and to the LI Mystics in particular. List any special skills you have (such as computer, artistic, stenographic, theatrical, typographic, technical, managerial, linguistic, musical, electronics, communications, etc.)

If accepted as a member:

I agree to abide by the constitution and by-laws of the Long Island Mystics and the parent organization, The Society of American Magicians. I agree not to reveal the secrets of magic to anyone not involved in the art of magic. I agree not to interfere with another magician's performance. I agree that providing false or misleading information contained in this application may result in the immediate rejection of expulsion from the Long Island Mystics and revocation of all membership rights.

Signed: _____ **Date:** _____

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Membership Sponsor: _____ *Date:* _____

Received by: _____ *Date:* _____

Screened by: _____ *Date:* _____

Audition Date: _____ *Accepted:* [] YES [] NO