

**SOKOL DETROIT MEMBERSHIP APPLICATION  
UPGRADE FROM FIRST YEAR TO VOTING MEMBER**

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This form is to be filled out by a first year member between their first and second anniversary of membership. Each member should use a separate form. The member must present this in person at a unit meeting. *Please complete both pages.*

\_\_\_\_\_  
Last name                      First name

\_\_\_\_\_  
Address: Number & Street    City    State    Zip

\_\_\_\_\_  
Date of membership initiation

What was your reason for joining Sokol? \_\_\_\_\_

Did your first year of membership fulfill this reason? \_\_\_\_\_

\_\_\_\_\_  
Member Signature    Date

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THIS PORTION TO BE FILLED OUT BY EXECUTIVE BOARD MEMBER - Date of review: \_\_\_\_\_

Has the member presented adequate participation during their first year of membership?     Yes     No

Did the membership vote to approve the status change?     Yes     No

Please add any comments or concerns raised during the meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed name of Executive Board Member, Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. Please list the events you attended during your first year of membership:

Event/Date: \_\_\_\_\_ How did you participate? \_\_\_\_\_

Event/Date: \_\_\_\_\_ How did you participate? \_\_\_\_\_

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Event/Date: \_\_\_\_\_ How did you participate? \_\_\_\_\_

2. Please list any committees you served on during your first year of membership:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you been able to meet and interact with other members? \_\_\_\_\_

4. In the future, what activities will you pursue?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you observed anything you wish to change or wish would be changed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_