

SOKOL DETROIT MEMBERSHIP APPLICATION

This portion to be filled in by applicant. Please answer questions on page 2. Registration Fee and Dues are required at initiation.

TYPE OF MEMBERSHIP: First Year Gym
List adult members of household applying for membership

Applicant #1 Last name First name Date of Birth Phone email

Marital Status Occupation Nationality US CITIZEN: YES NO

Applicant #2 Last name First name Date of Birth Phone email

Occupation Nationality US CITIZEN: YES NO

Children

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

Address: Number & Street City State Zip

What is your reason for joining Sokol? _____

Applicant #1 Signature Date

Applicant #2 Signature Date

This portion to be filled in by Sponsor. Sponsors must be a Voting Member, and submit and present the application at a Unit Meeting.

Sponsor Recommendations: _____

HOW LONG HAVE YOU KNOWN APPLICANT: _____

Signature of Sponsor Date

This portion to be filled in by Interviewer. Date of Interview: _____

Do applicants have family members in Sokol? Yes No If Yes, who & relation: _____

Was the applicant ever a Sokol in the Past? Yes No If Yes, when and where: _____

After interview and review of answers to questions and information on reverse side of this application please fill in your remarks:

Fees Required: Registration Fee _____
 Dues _____
 Total _____

Fees Received: Registration Fee _____
 Dues _____
 Balance Due _____

Signature of Interviewer

Approved: Yes No
Date of Initiation: _____

1. You cannot be a member of Sokol if you are a member of a subversive organization or have committed a felony. Based on this, do you qualify to join Sokol? Yes No

2. What do you expect to get out of Sokol? _____

3. What do you intend to contribute to Sokol? _____

4. Are you familiar with the American Sokol Organization? Yes No

5. Will you be using the gym? Yes No
Do you have children who will use the gym? Yes No

6. Did you receive and review the Sokol Detroit By-Laws and Property Use Guidelines? Yes No
Do you understand the privileges and responsibilities at Sokol Camp? Yes No
Do you understand the privileges and responsibilities at the Sokol Cultural Center? Yes No

7. Select a preference from the following list of activities in which you will contribute:
 Help at Sokol Camp Help in gymnasium Work at gym functions
 Work at social functions Help with newsletter Other Choice: _____
 Ethnic Festival Fundraising/Ways & Means _____

8. Do you have any hobbies? If yes, what are they? _____

9. Do you have any special talents or training? If yes, what are they? _____

10. Do you know about our Scholarship which you or your children can apply for after you have been a Voting Member for three years? Yes No

11. Are there any questions you would like answered regarding your membership or the Sokol Organization?

12. Please list the activities you have attended prior to submitting this membership application. (A minimum of two are required prior to accepting your application):

Activity/Date: _____

Activity/Date: _____

13. Additional comments or statements _____

