

THIS FORM CAN BE COMPLETED ON YOUR COMPUTER AND THEN PRINTED OUT. JUST CLICK ON YOUR HAND TOOL AND THEN TAB OVER THE FIELDS. DON'T FORGET TO SIGN IT!



Young Magician Applicant Information

Note: you must be age seven through seventeen to join.

Please read the following pledge:

- I promise to do my best to improve the Art of Magic and to follow the rules of The Society of American Magicians.
- I agree not to tell any of the secrets of magic to anyone who is not a magician and to discourage others from telling their secrets.
- I will be honest and fair as a magician and cooperate with others who are interested in magic.
- I agree to help other magicians in any way that I can. I will encourage them to perfect our art. I will not make fun or ridicule the efforts of any magician.
- I will strive to use magic in a positive way for my personal enjoyment and for the amazement and enjoyment of my family, friends and others.

___ I have read the pledge _____
* **SIGNED IN HONOR** **DATE**

FULL NAME: _____

ADDRESS: _____

CITY & STATE: _____

ZIP: _____ **PHONE:** _____

DATE OF BIRTH: _____

I consent to my child giving this personal information to The Society of American Magicians.

Parent's Printed Name _____

Parent's email address _____

* **SIGNED** **DATE**

If you are joining an Assembly, enter Assembly number here _____

As a member, you will receive a membership card, membership pin, Certificate of Membership and have full access to the Society website: www.magicsam.com to view the youth newsletter; The Magic SYMhol and the magazine; M-U-M and discounts to The Society of American Magicians' annual convention. You will also be able to join your local Assembly (Chapter). For a list of chapters around the world go to www.magicsym.com

Please remember to sign this form and send it along with a check for the annual membership fee of \$20 (checks made out to the Society of Young Magicians) to:

THE SOCIETY OF YOUNG MAGICIANS
Manon Rodriguez, National Administrator
P.O. Box 24226
Denver, CO 80224