

# 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:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

*Membership Sponsor:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Screened by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Audition Date:* \_\_\_\_\_ *Accepted:* [ ] YES [ ] NO