

North Wales Magic Circle Cylch Hud Gogledd Cymru

Application for Membership

Please complete and return to the Secretary

Note: If space is insufficient to complete your answers, please submit additional information/details on a separate sheet of paper.

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|---|--|
| For Office use only: | |
| Date application received: | |
| Provisionally accepted by the Committee: | |
| Debut Performance: | |
| Accepted into Full Membership: | |
| Signature of President after acceptance into full membership: | |
| Remarks: | |

Notes:

- 1 Applicant and Sponsors may be required to present themselves for interview at a Committee Meeting.
- 2 The Annual Subscription of £..... and the Joining Fee of £..... must accompany this application.
Subscription Fees: Ordinary £..... / Family £..... / Senior Citizen £..... / Junior £.....
(The Circle year begins on the 1st of November)
- 3 New members will be required to perform on a special Debit Night, or within a year of joining. The Committee has discretion in this matter.

To be completed by the Applicant:

Please answer ALL the questions.

I, _____ wish to be considered for membership of the North Wales Magic Circle – Cylch Hud Gogledd Cymru. I promise to abide by the Rules of the Circle, to safeguard the interests of its members, and those of all magic societies; and not to copy, perform, or divulge original effects or routines without consent in writing of the originator. I also undertake to discourage exposures by writing in newspapers or magazines; visually on videotape, television or film; by the spoken word; or in any format on the internet; except to those who are responsible students of magic. I promise at all times to further the Art of Magic.

| | |
|--------|------|
| Signed | Date |
|--------|------|

| | |
|--------------------------------------|---|
| Title: | Mr / Mrs / Miss / other |
| Surname: | |
| First names: | |
| Date of Birth: (optional if over 18) | |
| Stage Name: | |
| Status: | Professional / Semi-Professional / Amateur / Hobbyist |

| | |
|---|--|
| Profession or Trade: (other than magic) | |
| Full Address: | |
| Postcode: | |
| Telephone: (home) | |
| Telephone: (mobile) | |
| Telephone: (work) | |
| Email Address: | |
| Website: | |

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| Details of membership of other Magic Societies: |
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| Have you ever been refused membership of any Magic Society? (if yes, please give details) |
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| Please list all aspects of magic in which you are interested, along with any information which you believe supports your application: |
|  |

| | |
|--------|------|
| Signed | Date |
|--------|------|

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|---|------|
| To be completed by two sponsoring members | |
| We _____ & _____ wish to sponsor the applicant for membership of the North Wales Magic Circle – Cylch Hud Gogledd Cymru. We have ascertained that he/she fully understands the Objects & Rules of the Circle. We understand that we are responsible for the new member's debut, and towards this and we will assist the application to the best of our ability. | |
| Signed | Date |
| Signed | Date |