



AMERICAN SOKOL
Educational and Physical Culture Organization

APPLICATION FOR MEMBERSHIP

Date: _____

Sokol & Sokolice Milwaukee

Sokol: **SOKOL / SOKOLICE MILWAUKEE**

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Res. Phone: _____ Bus. Phone: _____

E-Mail Address: _____

Married Single

Date of Birth: _____ / _____ / _____

U.S. Citizen? Yes No

City, State, Country of Birth: _____

Spouse: _____

Children (Names & Ages) _____

Please list other clubs, organizations to which you belong: _____

Sponsor: _____

STATEMENT: Upon admission to membership, I promise to be governed by the By-Laws of the American Sokol Organization and my local Unit in all my activities on their behalf.

Signature of Applicant: _____

** A Sokol Milwaukee Membership Fee of \$40.00 & ASO Registration Fee of \$5.00 - (\$45.00 Total) is due on or before the first general membership meeting at which the applicant is presented for acceptance and a brief swearing-in ceremony. The new Member fee for Couples is \$75.00 with an ASO Registration fee of \$5.00 each for a total of \$85.00.

** General Membership Meetings are held the first Monday of the month (September thru June), from 7:00 pm to approximately 9:00 pm, at the Norway House – 7507 W. Oklahoma Avenue, Milwaukee, Wisconsin.