

The Pledge allegiance:

I Pledge allegiance, to the Flag of the United States of America and to the republic, for wich it stands, one nation under God. Indivisible, with liberty and justice for all.

MEMBERSHIP APPLICATION

SOKOL SAN FRANCISCO INC.

PO BOX 5252, Walnut Creek, CA 94596-9998

Email: sokolsf@gmail.com Web: <http://www.sokolsf.org/>

GYMNASTIC ASSOCIATION EDUCATIONAL-
SOCIAL AND CHARITY NON-PROFIT ORGANIZATION
MEMBER OF AMERICAN SOKOL ORGANIZATION- ASO



Name: _____ Date: _____

Address: _____

Email address: _____ Phone: _____ home / cell

Date of Birth: _____ Place of Birth: _____

Marital Status: Married Single Other

Please List Areas of Interest:

- Dances Walks for Health Picnics Family Camp
- Cultural & Educ. Events Fitness Lectures Czech/Slovak Movies Other:

_____ Prefer Activities: Afternoon Evening or Both

New Member must be referred/sponsor by current Sokol member in good standing: (Name)

Membership Fees:

- American Sokol Organization (onetime fee required) - \$5 \$ 5.00
 - Annual Membership - \$35 (calendar Year) _____
 - Family Collaboration Membership with Czech School of CA-\$40 _____
(includes children up to 18 years of age) *please list all names on back*
- TOTAL: _____

MEMBERSHIP PLEDGE: I, _____ as a condition of membership in the Sokol Unit of San Francisco Inc., agree to abide by the Bylaws of the American Sokol of the Pacific District and this Unit, Sokol San Francisco. I promise that with my speech and actions, I will endeavor to strengthen the Sokol Organization. Further, when participating in Sokol activities, I will conduct myself in a manner which honors Sokol goals.

STATEMENT:

I affirm that I am a legal resident of the United States of America, a loyal to the government and I am not a member of any subversive organization. If admitted to membership of the American Sokol I promise to be governed by the bylaws in all my activities on behalf of said organization. I declare to the best of my knowledge and belief that answers to the statements contained in this application are full, complete and correctly recorded. I understand that this application shall be basis for and a part of any insurance contract issued.

New Member Signature: _____

Date: _____