



Rhode Island Societies of Magicians

MEMBERSHIP APPLICATION

Applicant Information

Full name:

Last

First

M.I.

Phone:

Address:

Street address

Apt/Unit #

City

State

Zip Code

Email Address:

Please give a brief description of your interest in magic:

Membership in the Rhode Island Societies of Magicians requires the applicant to be a member in good standing of either I.B.M. Ring-44 or S.A.M. Assembly-26 Membership dues of \$30 are collected annually in September, dues for SAM and IBM Junior members under the age of 18 are \$20.

SIGNATURE

It shall be the duty of every member to exercise an honorable interest in the Rhode Island Societies of Magicians, to avoid wrongful use of its name or authority and to regulate conduct with the organization, with fellow members and the public in accordance Article-2 of the R.I.S.M. Constitution "Object of the organization".

Applicant
Signature

Date:

S.A.M.
Membership #

I.B.M.
Membership #
