



Application For Membership
Ring One, The Spirit of St. Louis,
International Brotherhood of Magicians

(Please Print)

Name: _____

Address: _____ City _____

State _____ Zip _____ Date of Birth: _____

Business/Profession: _____ I.B.M. No.: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Fax: _____ E-mail: _____

Level of interest in Magic: Hobby _____ Amateur _____ Semi-Pro _____ Professional _____

Pledge: I hereby apply for membership in Ring One. I pledge and attest by my signature below that I will abide by the Constitution, and By-laws of Ring One and the International Brotherhood of Magicians. I further pledge that I shall not violate "The Code of Ethics" of the International Brotherhood of Magicians nor will I expose the modus operandi of any magical effect.

Type of membership I am applying for is:

_____ **Active**, must be at least 18 years of age. Ring dues are \$15.00 per year. Make check out to *Ring One*. Individual also must be an Active Member or submit an application for Active Membership in the international organization and be accepted.

_____ **Active Associate**, must be at least 18 years of age and spouse, family member or a bona fide assistant of an Active Member. Ring dues are \$12.00 per year. Make check out to *Ring One*. Individual also must be an Active Member or submit an application for Active Membership in the international organization and be accepted.

_____ **Youth**, must be at least 10 and under 18 years of age. Ring dues are \$15.00 per year. Make check out to *I.B.M. Ring One*. Individual also must be a Youth Member or submit a signed application for membership in the international organization and be accepted.

_____ **Youth Associate**, must be at least 7 and under 18 years of age and spouse, family member or a bona fide assistant of an Active Member. Ring dues are \$12.00 per year. Make check out to *Ring One*. Individual also must be a Youth Member or submit a signed application for membership in the international organization and be accepted.

Applicant's Signature: _____ Date: _____

Your Background: On a separate sheet please or on the back of this page, tell us briefly about your interest in magic. How did you get started? How long have you been interested? Have you belonged to other Magic clubs? Where? What type of interest do you have (general interest, stage or close-up performance, history or collection, etc.)? Add other pertinent details about yourself for a brief write-up in the *Spirit*, Ring One's newsletter.

To Pay by Check:

Make checks payable to: *I.B.M. Ring 1*
Return this Form with Check to:
Alan Zibits 532 Dartmouth Crossing, Wildwood, MO 63011

To Pay By Credit Card:

1. Check this box and email this form to Alan Zibits at zfunfamily@aol.com
2. Go to www.ibmring1.com. In the lower right corner of the page press the "Due Payment" Button then select to pay by PayPal or "PayPal Guest Checkout" and fill out your credit card information.

Or

Check this box to be sent invoice that you can pay online. We use PayPal to process our credit card transactions. You do not have to have a PayPal account to pay this invoice online.