



**Application for Membership
Ring 6
International Brotherhood of Magicians**

Date _____

Name: _____ E-mail: _____
Last First

Address: _____
Street City State Zip

Phone: _____ Birth Date: _____

International membership #: _____

Brief History of Interest in Magic: _____

Magic Category: Pro ___ Semi Pro: ___ Amateur: ___ Collector/Historian ___ Dealer: ___

List other magic organizations you belong to: _____

I hereby apply for membership in Ring 6 and pledge that I will abide by the Constitution and By Laws of the organization.

Recommended for membership by:

 Signature of Applicant

Approved for membership: _____

**This application is for local IBM Ring 6 only.
 The National IBM application should be sent directly to their headquarters.**