



THE SUSSEX MAGIC CIRCLE MEMBERSHIP APPLICATION

MEMBERSHIP TYPE

Joining Fee	£10	
Full	£35	
Associate	£20	
Junior	£15	

OFFICIAL USE ONLY

Monies received	<dd/mm/yyyy>
Receipt number	
Added to web site	<dd/mm/yyyy>
Added to email	<dd/mm/yyyy>
Certificate given	<dd/mm/yyyy>
Photo taken	<dd/mm/yyyy>

YOUR DETAILS

Forename	
Surname	
Partner	
Address	
Town	
County	
Postcode	
Telephone	
Mobile	
Email	
Website	
Status (please select)	Hobbyist Part time professional Full time professional
Occupation	
Date of birth	<dd/mm/yyyy>

I wish to apply for membership of the Sussex Magic circle.

I agree to observe and abide by the club rules now in force and here after amended.

I enclose £_____ cheque/cash to cover the joining fee and subscription fee.

(Cheques should be made payable to SMC)

New members must be proposed and seconded by existing paid up club members

Proposed by	
Seconded by	

DECLARATION

If elected I will

- 1) Abide by the rules of the Society.
- 2) Refrain from disclosing magical secrets except to other magicians
- 3) Respect the proprietary rights of magicians

Signed	
Date	<dd/mm/yyyy>

The Data Protection Act 1984 - To facilitate the provision of information and newsletters to our members your name and address is recorded on a database. This is not used for any other purpose nor will it be so used without your prior consent. Should you have any objection to such a record being maintained, you are entitled to request exclusion by writing to the Hon. Secretary.

	Date	Subject
1st Visit	<dd/mm/yyyy>	
2nd Visit	<dd/mm/yyyy>	
3rd Visit	<dd/mm/yyyy>	
Audition	<dd/mm/yyyy>	
Witnessed by	1: _____	2: _____
		3: _____

Please fill in and return to the Chairman this evening

