

**Application for Membership**  
**INTERNATIONAL BROTHERHOOD OF MAGICIANS**

13 Point West Blvd, St. Charles, Missouri, USA 63301  
Office: 636-724-2400 Fax: 636-724-8566 office@magician.org

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**CLASSES OF MEMBERSHIP FEES AND DUES**

**ACTIVE MEMBERSHIP:** Application fees and dues for the first year are \$65.00; dues thereafter are \$50.00 annually. Active Members receive *THE LINKING RING* Magazine as a benefit of membership. Applicant must be at least 18 years old and interested in magic for two years.

**ACTIVE MEMBERSHIP (without *Linking Ring* magazine):** Application fees and dues for the first year are \$45.00; dues thereafter are \$30.00 annually. Active Members may choose to NOT receive *THE LINKING RING* Magazine as a benefit of membership. Applicant must be at least 18 years old and interested in magic for two years.

**YOUTH MEMBERSHIP:** Application fees and dues for the first year are \$50.00; dues thereafter are \$35.00 annually. Youth Members receive *THE LINKING RING* Magazine as a benefit of membership. Applicants must be age 7 to 17 and have had an interest in magic for at least one year.

**YOUTH MEMBERSHIP (without *Linking Ring* magazine):** Application fees and dues for the first year are \$30.00. Dues thereafter are \$15.00 annually. Youth Members may choose to NOT receive *THE LINKING RING* Magazine as a benefit of membership. Applicants must be age 7 to 17 and have had an interest in magic for at least one year.

**ASSOCIATE MEMBERSHIP:** Application fees and dues for the first year are \$30.00; dues thereafter are \$15.00 annually. Associate Members DO NOT receive *THE LINKING RING* Magazine. Applicants MUST BE A SPOUSE OR BONAFIDE ASSISTANT of an Active Member and be at least 18 year of age.

Members outside of the US and Canada can have their *Linking Ring* sent using World Delivery for an extra \$25.00, which will speed up the delivery from two or three months to two or three weeks.

*(Membership fee subject to change without notice)*

**YOU MUST PRINT OR TYPE THIS INFORMATION - YOUR MEMBERSHIP CARD AND CERTIFICATE WILL BE MADE USING THE SPELLING EXACTLY AS INDICATED ON THIS FORM - IT MUST BE LEGIBLE!**

Two Active Members must endorse all applicants. Check appropriate class below.

ACTIVE     ACTIVE (without magazine)  
 YOUTH     YOUTH (without magazine)     ASSOCIATE

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If paying your dues/fees by credit card, give CREDIT CARD TYPE, NUMBER and EXPIRATION DATE:  
**(We accept MasterCard, Visa, or American Express)**

**CARD TYPE:** \_\_\_\_\_

\_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**EXPIRATION DATE:** Mo\Year \_\_\_\_ / \_\_\_\_ **SECURITY CODE:** \_\_\_\_

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**Please Print Clearly**

Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Last) \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth: **Mo** \_\_\_\_\_ /**Day** \_\_\_\_\_ /**Year** \_\_\_\_\_

Professional Name (if any) \_\_\_\_\_

Business or Profession \_\_\_\_\_ Retired? (Y/N) \_\_\_\_\_

If you are an Associate Member applicant, please list spouse or Active Member assisted here: \_\_\_\_\_

**If joining through an I.B.M Ring, please give the Ring number:** \_\_\_\_\_

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**REINSTATEMENTS**

Applicants seeking REINSTATEMENT (must have formerly been a member) in the I.B.M. must also provide the name, address and I.B.M. number of previous membership.

ORIGINAL I.B.M. NUMBER \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Country, Zip \_\_\_\_\_

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**YOUR BACKGROUND**

Your status in magic (check one):

PROFESSIONAL       PART-TIME PRO       AMATEUR       SPOUSE  
 ASSISTANT       COLLECTOR       DEALER       OTHER

Please give a brief history of your interest in magic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other areas of expertise and/or hobbies: \_\_\_\_\_

\_\_\_\_\_

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**PLEDGE**

I hereby pledge that I will abide by the Constitution and By-Laws of the International Brotherhood of Magicians and of any affiliated Rings of which I may become a member and any and all amendments thereto as well as its Convention mandates. I further pledge that I shall never violate any part of "THE CODE OF ETHICS" of the International Brotherhood of Magicians. I also pledge not to expose the modus operandi of any magical effect. Upon my honor, I pledge to the above and attest that all statements made by me in this application are true and subscribe my name hereto.

Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

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**ENDORSEMENTS**

This applicant is vouched for and duly recommended for membership by the undersigned Active Members. (Please print first, and then sign in ink.)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ **I.B.M Number** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ **I.B.M Number** \_\_\_\_\_