



## APPLICATION FOR MEMBERSHIP TO SOKOL SAN FRANCISCO UNIT

Date: \_\_\_\_\_

Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code (Zip+4): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birth Date/or Birth Year: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Publication Communication Preference: Mail \_\_\_\_\_ Email \_\_\_\_\_

U.S. Citizen or legal resident of USA? Yes \_\_\_\_\_ No \_\_\_\_\_

Upon admission to membership, I promise to be governed by the Bylaws of the American Sokol Organization and my local Unit in all my activities on their behalf.

Applicant's Signature: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

For faster processing, email your completed membership application form to: [sokolsf@gmail.com](mailto:sokolsf@gmail.com)

Or send your completed form via standard mail to:

Sokol San Francisco,  
P.O. Box 5252,  
Walnut Creek, CA 94596

Annual membership dues can be paid by check to the above address or via PayPal or Venmo to [sokolsfpay@gmail.com](mailto:sokolsfpay@gmail.com)

We will contact you with membership dues amount OR you can view annual and pro-rated membership dues amounts on our website at <https://www.sokolsf.org/membership-payment>

Date Installed as Member: \_\_\_\_\_

*For Office Use*

Member Type: Voting \_\_\_\_\_ Non-Voting \_\_\_\_\_ Date entered into National Database: \_\_\_\_\_