

SOKOL GREATER CLEVELAND GYMNASTIC AND EDUCATIONAL ORGANIZATION
4939 Broadway Avenue, Cleveland, Ohio 44127

Associate Membership Application Form

Name of Applicant: _____ Date of birth: _____

Spouse's Name: _____ Date of birth: _____
(membership only required for one parent)

Home Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: (____) _____ Cell Phone (____) _____

E-mail: _____

Employer/Business: _____

Spouse's Employer/Business: _____

Monthly Newsletter: Preferred Method: U.S. Mail _____ Email _____

Names of Children under 18 participating in classes:

Name: _____ Date of birth: _____ Class: _____

Name: _____ Date of birth: _____ Class: _____

Name: _____ Date of birth: _____ Class: _____

Associate Membership - \$135.00 per calendar year

Associate Members with children enrolled in our gym classes are required to pay an activity fee of:

Boys/Girls/Juniors Class - \$240 for the 1st child enrolled and **\$210** for each additional child enrolled.

Tots Class enrollment is **\$180** for the 1st child enrolled and **\$160** for each additional Tot enrolled.

Fees are due at the gym class registration in September. Our season runs to June.

* **Associate membership** is required for at *least* two years before applying for Regular membership.

While an Associate Member you are expected and encouraged to participate and volunteer at various functions and fund-raising events of Sokol Greater Cleveland and to learn about our organization and its members before applying for Regular Membership.

Amount enclosed \$ _____ (Make checks payable to Sokol Greater Cleveland)

Applicant Signature: _____ Date: _____

Sponsor #1 _____ Sponsor #2 _____

Dues are payable for the calendar year to Sokol Greater Cleveland. The dues are distributed to the American Sokol Organization and the Northeastern District on a quarterly basis. You will receive a subscription to the American Sokol Organization publication and the Sokol Greater Cleveland newsletter.