

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

**Regular Membership Application**

Please PRINT

Name of Applicant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

(Please print very legibly)

Employer/Business: \_\_\_\_\_

Spouse's Employer/Business: \_\_\_\_\_

Monthly Newsletter - Preferred method: U.S. Mail \_\_\_\_\_ Email \_\_\_\_\_

**Names of any Children under 18 participating in our classes:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Have you ever been a member of the Juniors class? No \_\_\_\_\_ Yes \_\_\_\_\_ What years? \_\_\_\_\_

**Regular Membership:**

Single membership	\$135	Sixty-five years of age by Jan. 1	\$80
Family membership	\$215	Spouse of sixty-five year old member	\$95
Student membership	\$95	Newsletter Subscription	\$25

*\*\* Waiver of dues is automatic for individuals that are 90 years of age by January 1 & have been a Sokol member for 30 years or more.*

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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, the Northeastern District, and to the American Sokol Convention Fund annually. You will receive a subscription to the American Sokol Organization publication and the Sokol Greater Cleveland newsletter.