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 - $260 for the 1st child enrolled and **$230** for each additional child enrolled.

Tots Class enrollment is **$200** for the 1st child enrolled and **$180** 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 fundraising 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.