

SOUTH AFRICAN MAGICAL SOCIETY



(AFFILIATED TO THE MAGIC CIRCLE LONDON)
DURBAN - SOUTH AFRICA

APPLICATION FOR ASSOCIATE MEMBERSHIP

I (Name in full)

hereby apply for ASSOCIATE MEMBERSHIP of the South African Magical Society.

Residential Address:

.....

..... Post Code:

Telephone:

Email Address :

Occupation (If scholar, present standard):

Business Address (or School):

.....

..... Post Code:

Telephone: Fax:

Date of birth: Marital Status:

Spouse's name: Number of Children:

How did you learn about the existence of the South African Magical Society? :

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By who were you introduced? :

Supply the names and contact numbers of two referees who can vouch for your interest in the Art of Magic.

1. : Telephone:

2. : Telephone:

Post completed Application to:
South African Magical Society, c/o P.O. Box 21296, Bluff, 4036
OR to: Email : secretary@sams.org.za

Details of your magical background

1. How did you become interested in Magic? :
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.....

2. Have you ever received Magic instruction? Yes / No
If Yes from whom? :

3. Have you been, or are you a Member of any other Magical Society? Yes / No
If Yes give details:
.....
.....

4. Names of other Organizations, Societies or Clubs that you are a Member of:
• : How long? :yrs.
• : How long? :yrs.
• : How long? :yrs.

5. Name the books on Magic that you have studied (maximum 4)
• :
• :
• :
• :

6. Name your favourite Magician you have seen performs live or on TV:
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7. What is your favourite trick you perform? :

8. Have you performed any Magic Shows? Yes / No
If Yes how many? :

9. What type of Magic interests you? (Children's, Mental, Close-up, Stage etc.) :
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10. Any other achievements which you feel will support your application for Associate Membership of the South African Magical Society. :
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Applicant's signature:

Parent or Guardian's signature (if applicant is a scholar):

Introducer's signature:

Date:

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