



Magic Youth International Affiliate to
International Brotherhood of Magicians



YOUTH MEMBERSHIP APPLICATION

First Name: _____ Middle: _____ Last: _____

Address (No P.O Box): _____

City: _____ ST: _____ Zipcode: _____

Home Ph: (____)____-_____ Cell Ph: (____)____-_____ I.B.M. Member
Number: _____

Email Address: _____@_____ Grade: _____

Date of Birth: ____/____/____ Age: ____ Male Female School: _____

Website: _____

Mother's Name: _____

Contact Phone Number: (____)____-_____ Email Address: _____@_____

Yes, please add my email to the local Magic Youth International email notification system.

Father's Name: _____

Contact Phone Number: (____)____-_____ Email Address: _____@_____

Yes, please add my email to the local Magic Youth International email notification system.

What are your Specific Area(s) of Interest in Magic? _____

Who are your principal magic influences? _____

What do you hope to gain from this program? _____

How do you personally view the art of magic? Please rate the following categories based on your personal opinion with One (1) being the most important and Seven (7) being the least important:

- _____ I see magic as a fun hobby.
- _____ I enjoy the historical significance of magic.
- _____ I love collecting things associated with magic.
- _____ I see magic as a way to deliver a message in school or church.
- _____ I see magic as a way to impress people and make new friends.
- _____ I see magic as a way to make extra money.
- _____ I see magic as a way to earn a living.

I hereby pledge that I will honor and reflect through my personal example the magician's code of ethics. I will abide by the Constitution and By-Laws, amendments and convention mandates of the International Brotherhood of Magicians and of Magic Youth International and of any affiliated Rings of which I may become a member. I pledge to never expose the modus operandi of any magical effect and to support through my personal image and demeanor the professional image of the art of magic.

MINOR PHOTO/PUBLICITY RELEASE: I hereby confer on the International Brotherhood of Magicians and Magic Youth International and their chartered affiliates the absolute and irrevocable right and permission with regards to lawful photographs that may be taken of my minor child in association with these programs; to copyright the same; to use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and to use my name or my child's name in connection with and for promotion of these programs.

Applicant's Signature

Date

Parent's Signature

Please note that all personal information relating to our youth members and their families is maintained in the strictest of confidence and will not be released to anyone outside of the program without parental consent. Your child's safety and privacy is our top concern.