



NEW MEMBER APPLICATION

Welcome to the magical world of SYM!!! We're here to support you in your new magical adventures. Local S.Y.M. dues for this year are \$80.00. Dues help to pay for mailings, lecturers, and general meeting expenses (which include rental of rooms) and other activities we all enjoy. Please fill in the form below and include a check payable to SYM Assembly #42 for \$80, also a check for \$20 for SYM National. Send both the form and the check to our SYM Membership Chair:

Phyllis Drescher

35 Gregory Road Wallingford, CT 06492

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- Yes, I want to join SYM, Bill Andrews Assembly 42 membership. I have enclosed a check for \$80, made out to SYM #42.
 - Enclosed also is a check for \$20 made out to The S.Y.M., which will be sent to the National S.Y.M.
 - Enclosed is an additional donation of \$_____ .

Member Name: _____

Birth Date: ___/___/___

Address:

City: _____ State: _____ Zip: _____

Contact Parent(s):

Telephone (home): _____ cell: _____

Email: _____

Parent work phone(s): _____

Parent email(s): _____

Any other information you want to share:



PHOTO RELEASE

Our organization is given many opportunities to perform for the public and be interviewed by the press. We need the following release to be signed by a parent or guardian in order for your son or daughter to be included in those activities.

I hereby consent to the use (full or in part) of all photos and videotapes of me to be used by or for the Society of Young Magicians (S.Y.M.) for promotional or educational purposes. I consent to any newspaper, press, website, television, or other promotional releases by S.Y.M. that contains information about me. I hereby grant to the S.Y.M. and its representatives the irrevocable and unrestricted right to use, reproduce and publish photographs and videos of me, including my image and likeness, for editorial, trade, advertising or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release the S.Y.M. and its representatives from any and all claims, actions and liability relating to its use of said photographs, videos, and newspaper, television, website, and all promotional releases.

Print Member's Name: _____

Legal Guardian Signature

Date

Print Name of Legal Guardian

Please turn this form in at a meeting, or you may mail it to our SYM Membership Chair:
Phyllis Drescher
35 Gregory Road
Wallingford, CT 06492