



# The Cotswold Magical Society Membership Application Form

|              |                 |                |
|--------------|-----------------|----------------|
| <b>Title</b> | <b>Forename</b> | <b>Surname</b> |
|              |                 |                |

|                            |
|----------------------------|
| <b>Stage Name</b> (if any) |
|                            |

|                 |  |
|-----------------|--|
| <b>Address</b>  |  |
|                 |  |
| <b>Town</b>     |  |
| <b>County</b>   |  |
| <b>Postcode</b> |  |

|              |             |               |
|--------------|-------------|---------------|
| <b>Phone</b> | <b>Home</b> | <b>Mobile</b> |
|              |             |               |

|                                      |  |
|--------------------------------------|--|
| <b>Stage Name</b><br>(If Applicable) |  |
| <b>Email</b>                         |  |
| <b>Website</b>                       |  |

|               |                     |                          |                |
|---------------|---------------------|--------------------------|----------------|
| <b>Status</b> | <b>Professional</b> | <b>Semi-Professional</b> | <b>Amateur</b> |
|---------------|---------------------|--------------------------|----------------|

|   |
|---|
| <b>Membership of Other Magical Societies</b> (if any) |
|   |

|                                   |
|-----------------------------------|
| <b>Other Interests or Hobbies</b> |
|                                   |

## DECLARATION

I ..... promise and agree

[1] to abide by the rules of the Cotswold Magical Society

[2] not to intentionally disclose any magical secrets or principles other than to other members of the magical fraternity.

[3] not to copy or infringe any original effect or routine, without the intentional consent of the originator or owner.

SIGNED ..... DATE .....

Proposed by .....

|  |              |
|--|--------------|
| <b>Comments</b> (For internal use by the Cotswold Magical Society Membership Secretary and / or Council) | CMSMAF201604 |
| <br><br><br><br><br><br><br><br><br><br>   |              |