



Home Counties Magical Society

(Established 1947)

www.hcms.org.uk

APPLICATION FOR MEMBERSHIP

(Please complete the form in Capital Letters, delete statements not applicable)

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Occupation: _____

Type of Membership: Full / Junior (if junior please state date of birth) _____

How long have you been interested in magic: _____ years _____ months

Magical Status: Professional / Amateur

Have you ever performed in public: Yes / No

Do you specialise in any particular form of magic: Close-up / Stage / Children's / Mentalism / Other

Have you ever belonged to a magical society: Yes / No _____

Are you still a member: Yes / No

Name some books or dvd's on magic that you have read or watched: _____

What are your reasons for wanting to join The Home Counties Magical Society: _____

Declaration:

I wish to become a member of the Home Counties Magical Society and agree to abide by the rules of the society if admitted to membership. If an audition is required I am willing by practical demonstration and friendly discussion to satisfy that the above statements are true.

I promise that I will not in any way knowingly or intentionally disclose any secret of magic to anyone, unless he or she is a fellow Magician, either professional or amateur, and to define the discussion of effects and secrets originated within the Society to Members of the Home Counties Magical Society.

I also pledge myself not to write or publish secrets of magic except in magical magazines or in books devoted entirely to magic.

I will at all times discourage the public disclosure of magical secrets and lodge information of any such default with the Council.

I solemnly undertake not to copy any original magical idea or the original presentation of any magical effect without first having obtained the originator's consent.

I will at all times use my best endeavours to elevate the Art of Magic and to promote the good of the Society.

Signed (applicant): _____ Date: _____

Signed (proposer): _____ Date: _____

Signed (seconder): _____ Date: _____



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I enclose a cheque payable to HCMS for the appropriate amount in accordance with Appendix 2 of the HCMS Rules; the subscription amount payable for membership is based on which month during the financial year, as defined in Rule 21, the new member joins, see below.

(This cheque will be returned in the event of the application being refused).

RULE 21 - FINANCIAL YEAR

The financial year of the Society shall be from the 1st day of May until the 30th day of April following.

APPENDIX 2

MEMBERSHIP FEES FOR EXISTING MEMBERS

(a) Prospective members can visit the society on one occasion free of charge. See Appendix 3.

(b) Amount payable for Ordinary Membership is based on which month during the financial year, as defined in Rule 21, the new member joins:

Quarter 1 (May/June/July):	£40.00
Quarter 2 (August/September/October):	£35.00
Quarter 3 (November/December/January):	£30.00
Quarter 4 (February/March/April):	£20.00

(c) Amount payable for Junior Membership is based on which month during the financial year, as defined in Rule 21, the new member joins:

Quarter 1 (May/June/July):	£25.00
Quarter 2 (August/September/October):	£22.50
Quarter 3 (November/December/January):	£20.00
Quarter 4 (February/March/April):	£15.00

(d) A joining fee of £5.00 is also payable on application, regardless of membership type or month of joining.

APPENDIX 3

NON-MEMBERS AND VISITORS

(a) A door charge of £15.00 is payable for non-members attending meetings.

(b) The door charge is waived for friends and family of members on advertised open nights.

(c) The door charge is waived for prospective members, see Appendix 2 (a), if agreed beforehand with the President or delegated Membership Officer/Secretary.