



The Houdini Club of Wisconsin

www.houdiniclubofwisconsin.com

Please print out this form, fill it out and mail with \$27 (check or money order) to:
 Diane Philyaw, Houdini Club Membership Chair
 1405 Beverly Drive

Round Lake Beach, IL 60073-1508

For more questions: e-mail: or phone: dmphilyaw@aol.com or phone: 847-546-1970

Membership to this organization is limited to anyone eighteen years of age or older, male or female, who has a sincere interest in magic or it's kindred arts including jugglers, clowns, ventriloquist, etc. Potential members can be an enthusiast, amateur, semi-professional or professional. Application below the age of eighteen years, boy or girl, may be admitted, based on Board of Directors approval.

Name	
Address	
City, State, Zip	
Phone Number	
Cell Phone	
Email	
Web Address	
Date of Birth	

Do you belong to any other magic organizations? If yes, which ones?
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Do you go by a professional name? (please list)
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Magical Status: Check ALL that apply

<input type="checkbox"/>	Professional - One who earns MORE THAN 50% of their livelihood through magic
<input type="checkbox"/>	Semi-Professional - One who earns LESS THAN 50% of their livelihood through magic
<input type="checkbox"/>	Amateur - One who is interested in the art of magic and occasionally performs, but not for a fee
<input type="checkbox"/>	Enthusiast - One who enjoys watching magic and kindred arts
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Dealer
<input type="checkbox"/>	Collector
<input type="checkbox"/>	Other (please write in)

Interests

<input type="checkbox"/>	Stage
<input type="checkbox"/>	Close-up
<input type="checkbox"/>	Ventriloquism
<input type="checkbox"/>	Cards
<input type="checkbox"/>	Escapes
<input type="checkbox"/>	Clowning
<input type="checkbox"/>	Hypnosis
<input type="checkbox"/>	Writer

If my application for membership is accepted, I will abide by all rules and regulations of this organization. I also agree that I will never needlessly expose magic either publicly or privately. I have submitted the sum of \$27; \$25 for annual dues and \$2 for the one time application fee.

Applicant's Signature: _____ Date: _____

For Board Members Only

This applicant is vouched for as worthy of membership by:

Applicant Voucher #1: _____

Date Application Received: _____

Applicant Voucher #2: _____

Date Application Approved: _____