



American Sokol Los Angeles
214 Main Street #215
El Segundo, CA 90245

MEMBERSHIP APPLICATION

SOKOL UNIT Los Angeles

Date: _____

Title: Mr. _____ Mrs. _____ Ms. _____

Name: _____

Address: _____

City: _____ State: _____ Postal Code (Zip+4): _____

Email: _____ Telephone: _____

Birth Date/or Birth Year: _____ Male _____ Female _____

Publication Communication Preference: Mail _____ Email _____

U.S. Citizen or legal resident of USA? Yes _____ No _____

Upon admission to membership, I promise to be governed by the Bylaws of the American Sokol Organization and my local Unit in all my activities on their behalf.

Applicant's Signature: _____

Sponsor's Signature: _____

(Applicant please complete personal information on reverse)

Date Installed as Member: _____

For Office Use

Member Type: Voting _____ Non-Voting _____

Revised December 2024

Date entered on National Database: _____

City, State, Country of birth _____

Occupation _____

Married ____ Single ____ Widowed ____

Name of Spouse _____

Children in your household (Names/Ages)

List other clubs, organizations to which you belong

Are you of Czech/Slovak heritage? Yes ____ No ____

How did you hear about Sokol? _____

Are you or your children currently enrolled in our programs? Yes ____ No ____

Explain _____

Sokol Los Angeles Dues and Fees to be submitted with Membership Application:

2025 Annual Membership Renewal Dues \$45.00

2025 New Member Dues \$50 (new member pays one-time application fee of \$5.00)

Sokol Los Angeles is a 501(c)3 organization. Donations are tax deductible.