

ST. LOUIS

CHAPTER

MEMBERSHIP



APPLICATION

AN INTERNATIONAL ORGANIZATION OF SHOWMEN — FOR SHOWMEN

The undersigned, a member in good standing, under the obligation of the Order, proposes for membership in the Showmen's League of America-St. Louis chapter, Mr. _____

Signature of the Proposer

QUESTIONS TO BE ANSWERED BY THE APPLICANT

State your name _____ Occupation _____

Applicant's Address _____
Street City State Zip Code

How long have you been connected with the amusement business? _____

With whom and in what capacity? _____

Please select from below:

- New member \$45 1 Year membership renewal \$40 6 Year membership \$200 Life membership \$500

Give as references at least two members of the Showmen's League of America-St. Louis Chapter, stating the following:

NAME PLACE OF RESIDENCE BUSINESS ADDRESS

Have you ever been proposed for membership in the Showmen's League of America-St. Louis Chapter? _____

If you have been previously elected to membership in the Organization, state the date and reason for your withdrawal or suspension.

I promise and agree that if elected to membership in the Showmen's League of America-St. Louis Chapter, I shall support the Constitution and By-Laws of such Organization as they now exist and as they may be hereafter changed or amended; that I assume all obligations of the Order that do not conflict with my duties to myself, or my family and my religious and political beliefs and that I shall at all times conduct myself so that no discredit shall be cast upon the Organization. I further state that all statements and representations made by me in the above and foregoing applications are true to the best of my knowledge and belief.

The above form must be completely filled out and all questions therein answered. After completion it shall be forwarded to the League at St. Louis, MO, with \$25.00 which includes first year's dues (\$10.00) and application fees. Unless such application is fully completed and accompanied by the proper fees, it will not be accepted or acted on.

Signature of Applicant

Emergency Contact:	Company Name _____	Permanent Mailing Address _____
Name _____	Co. Address _____	_____
Address _____	_____	_____
Phone _____	Co. Phone _____	Phone # _____
_____	Co. Fax _____	Fax # _____

APPLICANT'S RECEIPT

Received from _____ 20
the sum of _____ DOLLARS

On account of application for membership in the Showmen's League of America-St. Louis Chapter.

\$ _____ Signed _____
Member

PLEASE MAKE YOUR REMITTANCE PAYABLE TO: SHOWMEN'S LEAGUE OF AMERICA-ST. LOUIS CHAPTER

Showmen's League - St. Louis Chapter, David Penn
PO Box 345, Hazelwood, MO 63042