Registration Form

By submitting this application with payment, you are agreeing to the AMC constitution and bylaws and to abide by the Magician's Code of Ethics.

Member Information

Name: _____

Date of Birth: _____

E-Mail Address: _____

Phone Number: _____

Secondary Member Information (If joining as family)

Name: _____

Date of Birth: _____

E-Mail Address: _____

Phone Number: _____

Parent/Guardian Information (Minors only)

Name: _____

E-Mail Address: _____

Phone Number: _____

Membership Package

Individual	$80.00	*(Single member, 13+ years of age)*
Family	$120.00	*(2 members, immediate family)*

ACEs Use Only

Member ID _____ Renewal Date _____

Amount Received _____ Model Release _____

Form Received on _____ by _____

Notes: _____