



Portsmouth & District Magic Circle

c/o Buckland Community Centre
Malins Road
Buckland
Portsmouth
PO2 7BL

Membership Application Form

Surname _____ Forename _____ DOB ____/____/____

Address _____

_____ Post Code _____

Telephone No. _____ Email Address _____

1. How long have you been interested in Magic? _____

2. Which areas of Magic are you most interested in? (Close-up, Mentalism, Cabaret, etc).

3. Why do you want to join the Portsmouth & District Magic Circle?

4. Are you an active Performer or practicing Magician? _____

If no, then state briefly what knowledge of Magic you have and how it was obtained.

5. Please state a few magical effects you can perform competently.

6. Are you currently a member of a Magical Society? _____

If so, which? _____

Declaration: *I hereby promise, if I am admitted to the Portsmouth & District Magic Circle:*

- *To abide by and act in accordance with the rules of The Portsmouth & District Magic Circle*
- *That I will not intentionally disclose any magical secret other than to:*
 - *A fellow Magician.*
 - *A pupil under magical instruction.*
 - *The editor of any publication devoted entirely to Magic.*
- *That I will not copy any original magical idea or an original presentation of any magical effect without first obtaining permission from the originator.*
- *That I will at all times use my best endeavors to elevate the art of Magic and promote the interests and welfare of the Portsmouth & District Magic Circle.*

Signature _____ **Date** _____

Data Protection

Your membership details will be held on a computer database and will not be divulged to a third party without your consent.

Do you agree to your membership details being held on a computer database?

Yes / No

The Portsmouth & District Magic Circle enjoys affiliated status with Buckland Community Association, which allows us discounted hiring prices for our meeting room and for the Community Centre on our Annual Jumbo Day.

To retain this status, we are required to disclose names and addresses of Members to the Buckland Community Association.

Do you agree to your name and address being disclosed to the Buckland Community Association?

Yes / No

If supplied, your email address can be added to our email mailing list to receive our weekly newsletter and latest news.

Would you like your email address added to our newsletter mailing list.

Yes / No

Our website, www.portsmouthmagic.co.uk, has a members area where users can view other member's email addresses.

If supplied, would you like your email address added to this members only section?

Yes / No

Signature _____ **Date** _____