



The Association of Family and Kidshow Performers

LAS VEGAS CHAPTER MEMBERSHIP APPLICATION

Complete Name: _____

Professional Name: (If applicable) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Spouses Name: _____

Date of application: _____ International Membership #: _____

Daytime phone: _____ Evening Phone: _____

E-Mail address: _____

Date of birth: _____ Occupation: _____

Brief History of Interest in Magic: _____

Other Magic Organization Memberships: _____

Type of Membership Applied For: Regular Associate Junior

Are you: Professional Semi-Pro Amateur Collector Dealer

I hereby apply for membership in KIDabra Las Vegas and pledge that I will abide by the Constitution and By-Laws of the club. I will do all that I can to promote the art of magic and family entertainment and support the objectives of KIDabra Las Vegas I understand that KIDabra Las Vegas focuses on the performance of magical and/or other family type entertainment effects and I will be required to participate in performing at various meetings and KIDabra shows.

KIDabra Las Vegas Member Recommendation #1

Applicant Signature

KIDabra Las Vegas Member Recommendation #2

President's Signature upon Approval

***DUES: \$25.00 Annually, Renewable in January. (Junior Members receive 50% discount)
Dues are Pro-Rated at \$3 per month for those joining after April 1st***

Submit or mail completed application form with annual dues, payable to KIDabra Las Vegas for to:

Pat Barry (Treasurer), 4343 Cranbrook Circle, Las Vegas, NV 89103

Visit our Website: www.kidabralasvegas.com