

Sacred Spiral Pagan Church of Arizona LLC



Membership Application

Please complete and include \$20.00 per person (\$50 per family) yearly dues. (Renews each Imbolg)

Name: _____

Address: _____
(number, street, city, state, zip code)

Phone: (home) _____ (cell) _____ (other) _____

Email address: _____

Birthdate: ___/___/___ Marital Status: _____

Family members applying for membership:(1) _____ Birthdate: ___/___/___

(2) _____ Birthdate: ___/___/___ (3) _____ Birthdate: ___/___/___

(4) _____ Birthdate: ___/___/___ (5) _____ Birthdate: ___/___/___

Are you a member of another church or coven? _____

If yes, name of church or coven: _____

Preferred Tradition: _____

Number of years following the Pagan Path: _____

Are you out of the Broom Closet? _____

I have read the church code of ethics: _____ (initials)

The church by-laws are posted at www.sacredspiralpaganchurchofaz.ning.com

New Renewal If renewal, member since: _____

Signature: _____ Date: ___/___/___

Church representative: _____ Date: ___/___/___

Amount paid: \$ _____ Payment method: Cash Check # _____

Notes: _____
