



Covenant of the Goddess Membership Application Form

Please *print* or *type* your information. **Forms that are illegible or incomplete will cause a delay in the membership application process.**

Please complete the entire form and return it with your payment to:

If applying to National, deliver to:

**Beth Field, NMO
PO Box 771273
Coral Springs, FL 33077**

If applying to a Local Council, deliver to:

Local Council Membership Officer

I/We are applying for Membership in the Covenant of the Goddess as:	
<input type="checkbox"/> A Coven (minimum \$110 Tithe enclosed)	<input type="checkbox"/> A Solitary (minimum \$50 Tithe enclosed)
<input type="checkbox"/> Two Solitary Members Living in the Same Household (minimum \$75 Tithe enclosed)	

I/We are applying for Membership to:	Local Council Name
<input type="checkbox"/> National - <i>There is no Local Council serving this area.</i>	
<input type="checkbox"/> Enclosed is our/my statement of practice and letters of recommendation from two different Covens or Solitaries who are members of and/or known to the Covenant.	

Membership Information and Confidentiality Levels <i>(see reverse side for additional information)</i>					
SECRET	COG ONLY	PUBLIC	OUT REACH	WEB	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coven Name or Name of Solitary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tradition (if any)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact Person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of 2 nd Solitary living in same household (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street address or PO Box
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City, State, Zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member website URL (if any)

I recognize that I am personally and individually responsible for knowing and abiding by all local and state laws that apply to members of the clergy and I agree to hold harmless the Covenant of the Goddess.

Signed:	Title:
Date you sent this form:	Amount Enclosed: \$

*Make your tax-deductible check payable to **Covenant of the Goddess** or to **CoG**.*

The **Coven Name/Name of Solitary** is the name that will be published in the Covenant's Membership Roster in each newsletter and must be either level P or level O. The **Contact Name** is the name that will appear on your mailing label for all official Covenant business (i.e. the newsletter, etc.). If you designate **Secret** or **CoG Only** in the contact information, we will use the CoG P.O. Box in Berkeley as your published address. Information which is not designated will be considered to be **Secret**.

Confidentiality Levels:

- Secret** *Known only to the CoG Board of Directors (National and Local)*
- CoG Only** *May be given to other CoG members*
- Public** *May be revealed or published as appropriate (i.e., membership roster)*
- Outreach** *Actively networking - please circulate for contacts*
- Web** *Include on CoG Website Members Contacts page (and Outreach page if applicable)*

Your tithe entitles you printed copies of the CoG Newsletter during the membership application process, after which the CoG Newsletter is in electronic format on the CoGWeb. Hard-copy subscriptions are available by submitting a Subscription Form for a donation of \$30.

Upon approval you will receive a frameable Member Charter and copies of the CoG Bylaws and Policy Manual. Additional documents are available on the CoGWeb Members' site.

For Local Council Membership Office Use Only		
Date Applied to Local Council:	Date Received Application:	
Statement of Practice Received:	Tithe check #	Amount: \$
Recommendation 1 Rec'd	By:	
Recommendation 2 Rec'd	By:	
Date of Membership Acceptance of Application for Publication and Further Process:		
Date sent to NMO:	Signature of LCMO:	

PLEASE SEND THIS FORM TO: Beth Field, NMO PO Box 771273, Coral Springs, FL 33077

For National Membership Office Use Only	
Date received by National:	Amount Enclosed: \$
Date check deposited or forwarded to National Pursewarden:	
Date forwarded to Publications Officer:	
Date Statement published in National Newsletter issue:	
Objections received, if any:	By:
Date Returned to LC for reconsideration, if any objections received:	
Date of final approval of Application, in consultation with LCMO:	
Date Membership announced in Newsletter:	