



SA Pagan Council



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MEMBERSHIP FORM APPLICATION

In accordance with Amendment No. 1 of the SAPC Constitution effective 23 May 2008, formal registration of membership is required. Members who are below the age of consent will require the signature/consent of a legal guardian. A separate membership form must be completed for each SAPC Member who is not simultaneously a member of an officially Affiliated Organisation in terms of Part 11 of the Amended Constitution. For administrative purposes, full disclosure of personal information is required. All personal information given will be confidential and confined to SAPC administrative use only. Membership is free. All members must agree to abide by the Amended Constitution SAPC and support the Aims and Objectives of the SAPC.

Upon completion this form must be faxed or posted to the SAPC (contact details above)

MEMBER DETAILS (To be filled out by each person applying for membership)

Surname: _____ First Names: _____

Pagan Name: _____ Date of Birth: _____

Physical Address: _____

Postal Address: _____

E-Mail Address: _____ Fax Number: _____

Tel Number: _____ Cell Number: _____

Are you solitary or do you belong to a coven? (Please provide the name of the coven): _____

Do you belong to other Pagan organisations and if so which? : _____

I hereby declare that the details I have provided are true and that I agree to abide by the Constitution, Aims and Objectives of the SAPC.

Signature: _____ Date: _____

OFFICE USE ONLY

Membership approved?.....Membership No:.....

Affiliate/Independent Member:.....

Affiliated Group:.....

Approved by:..... Date: