

APPLICATION FOR MEMBERSHIP
TO THE
Wiccan Church of Minnesota *

I, the Undersigned, attest that I define my religious views as Pagan; that I am of legal age, that the personal information is true and correct and that I agree that I will conform to the rules and by-laws of the Wiccan Church of Minnesota.

Signed this _____ day of _____, 201____ Birth date: _____
Mo. Day Year

(Legal Name)

Please print the following:

Full Legal Name: _____

"Preferred name" (optional) _____

Street Address: _____

City,

State

Zip Code:

Email Address: _____

Phone No. _____

Please enclose check or Money Order for \$25.00

* *This application with the fees enclosed will entitle you to the membership privileges and responsibilities of an Associate or non-voting member of the Wiccan Church of Minnesota. Associate Members may attend Sabbats, receive our Newsletter, and utilize the services of the Church within the bounds of our rules. Voting membership may be obtained by those recognized as "First Degree" or its equivalent as determined by the Council of Elders.*