



# COVENANT OF THE GODDESS MEMBERSHIP APPLICATION

I/We wish to join CoG.

- Coven Tithe enclosed (\$90-\$150 submitted Mabon to Ostara; \$60-\$110 submitted Ostara to Mabon)
- Assembly of Solitaries Tithe enclosed (\$40-\$80 submitted Mabon to Ostara; \$30-\$60 submitted Ostara to Mabon)
- Enclosed is our/my statement of practice and letters of recommendation from two different individuals who are members of and/or known to the Covenant.

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

Complete both sides of this form, marking your confidentiality levels, and return it with your tithe to

*If applying to National, deliver to  
National Membership Officer  
Gail Lewis  
1212 West McKenzie Road  
Greenfield, Indiana 46140*

*If applying to a Local Council, deliver to  
Local Council Membership Officer*

- Name of the Local Council to which you are applying \_\_\_\_\_
- There is no Local Council in my area. I wish to apply to National.

The tithe entitles you to one copy of the CoG Newsletter. Additional subscriptions may be obtained for a donation of \$30. If additional copies are required, please submit separately on a Subscription Form.

### CONFIDENTIALITY LEVELS

The Coven Name/Name of Solitary is the name to be published in the CoG Membership Roster in each newsletter and must be either level P or level O. If you designate level S or level C in the contact information, we will use the CoG P.O. Box in Berkeley as your published address.

- S** Secret      Known only to the CoG Board of Directors (National and Local)
- C** CoG Only    May be given to other CoG members
- P** Public        May be revealed or published as appropriate (i.e., membership roster)
- O** Outreach     Actively networking - please circulate for contacts

Please mark every line. Information which is left blank will be considered to be Secret. Please PRINT or TYPE all information. Information that is illegible will be returned and may cause a delay in the membership process.

S	C	P	O	
				TRADITION (IF APPLICABLE) _____
		<input type="radio"/>	<input type="radio"/>	COVEN NAME OR NAME OF SOLITARY _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CONTACT PERSON _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	STREET ADDRESS OR POST OFFICE BOX _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CITY _____ ZIP CODE _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	STATE OR PROVINCE _____ COUNTRY _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TELEPHONE _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	E-MAIL ADDRESS _____
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MEMBER WEBSITE URL HTTP:// _____

**PLEASE READ AND COMPLETE BOTH SIDES OF THIS FORM**

# COVENANT OF THE GODDESS MEMBERSHIP APPLICATION

*PLEASE READ AND COMPLETE BOTH SIDES OF THIS FORM*

Do you want to be included on the CoGWeb Outreach page? (check one)       Yes       No  
Do you want to be included on the CoG-only contacts page? (check one)       Yes       No

## COG DOCUMENTS

Put a check mark next to each document that you need.

- CoG Charter and Articles of Incorporation
- CoG Policy and Bylaws
- Frameable Member Charter
- Reproducible white copies of CoG Information Flyers
- CoG Press Packet (not available until after update)

*You are free to make copies of the Information Flyer and the Press Packet as long as you do not alter the text.*

*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      \$ \_\_\_\_\_

## **FOR LOCAL COUNCIL MEMBERSHIP OFFICE USE ONLY**

DATE APPLIED TO LOCAL COUNCIL \_\_\_\_\_  
DATE APPROVED BY LOCAL COUNCIL \_\_\_\_\_  
DATE PUBLISHED IN LOCAL COUNCIL NEWSLETTER \_\_\_\_\_  
SIGNATURE OF LOCAL COUNCIL MEMBERSHIP OFFICER \_\_\_\_\_  
DATE SENT TO NATIONAL MEMBERSHIP OFFICER \_\_\_\_\_

***PLEASE SEND A COPY OF THIS FORM TO GAIL LEWIS, 1212 W. MCKENZIE RD., GREENFIELD, IN 46140***

## **FOR NATIONAL MEMBERSHIP OFFICE USE ONLY**

DATE RECEIVED BY NATIONAL \_\_\_\_\_  
AMOUNT ENCLOSED      \$ \_\_\_\_\_  
DATE FORWARDED TO PUBLICATIONS OFFICER \_\_\_\_\_  
STATEMENT PUBLISHED IN ISSUE \_\_\_\_\_  
DATE CHECK FORWARDED TO NATIONAL PURSEWARDEN \_\_\_\_\_  
DATE OF FINAL APPROVAL \_\_\_\_\_  
PUBLISHED IN ISSUE \_\_\_\_\_