



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.** Complete the entire form and return it with your payment to:

If applying to a Local Council, send to:
Local Council Membership Officer
 for signature, who will then send it to the
National Membership Officer

If applying as a National member, send to:
Covenant of the Goddess
P.O. Box 12193
San Bernardino, CA 92423-2193

I/We are applying for Membership in the Covenant of the Goddess as:

A Coven (sliding scale tithes of \$110 - 170) **An Individual** (sliding scale tithes of \$50 - 90)

Two Individual Members Living in the Same Household (sliding scale tithes of \$75 - 115)

An Individual transferring from a Member Coven per Article 2, Section F3 of the Bylaws. (\$50 - 90 tithes)

I/We are applying for Membership to:	<input type="checkbox"/> Local Council Name:
	<input type="checkbox"/> National - <i>There is no Local Council serving this area.</i>

Enclosed are my Statement of Practice, and Letters of Recommendation from two different Covens or Individuals who are known to the Covenant OR my letter to the NMO re: transferring membership from Coven to Individual.

SECRET	COG ONLY	PUBLIC	OUT REACH	Membership Information and Confidentiality Levels <i>(see reverse side for additional information)</i>	
		<input type="checkbox"/>	<input type="checkbox"/>	Coven Name or Name of Individual also known as Roster Name	
<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"/>	Main Contact Person	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of 2 nd Contact or Individual (if applicable)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street address or PO Box	
		<input type="checkbox"/>	<input type="checkbox"/>	City, State, Zip	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Cell Phone	Main Home Phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Contact/ Individual Phone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main eMail Address	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member website URL (if any)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Media*	

Proxy Designation *(Optional. Use Quorum form to change this, or to designate a person. This may be changed before the deadline established by the NMO before Grand Council.)*

I/We are granting our/my proxy to **Grand Council as a whole.**

I/We have reviewed articles 2 and 9 of the bylaws of the Covenant of the Goddess and I/We am/are Witch(es) and meet all requirements for membership/association in the Covenant of the Goddess.

Signed	Title:
Date:	Amount Enclosed: \$

*Make your tax-deductible check payable to **Covenant of the Goddess** or to **CoG**, or use the PayPal button at the bottom of the webpage – www.cog.org*



Covenant of the Goddess Membership Application Form

The **Coven Name/Name of Individual** is the name (also known as the "Roster Name") that will be published in the Covenant's Membership Roster in each newsletter and must be either Public or Outreach. 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 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*

Once accepted, Members may retrieve the newsletter and/or copies of the Covenant Bylaws from the CoG Members Only website. The Members' only password changes each year, so check with the Membership Officer for updated information. Both the CoG Newsletter and Bylaws are in electronic format. A hardcopy subscription of the Newsletter is \$40 a year. A public version of the newsletter can be found on www.cog.org

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:	

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 Newsletter:	
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:	

PLEASE SEND THIS FORM TO:

**National Membership Officer
Covenant of the Goddess
P.O. Box 12193
San Bernardino, CA 92423-2193**