



The Wiccan Religious Cooperative of Florida, Inc

Application for Membership(s)

(Updated 04/22/2009)



We are aware that due to the nature of the society in which we live, the confidentiality of your membership may be of great importance to you. Respecting that, we regard any information you provide here as confidential within the limits of the law. You are responsible for notifying us of any changes in your information, such as your current mailing address. The WRCF cannot be responsible for misdirected postal mail items. For our records and legal purposes, please supply the following:

Legal Name <i>(enter member charged with casting votes on line 1 if applying for voting membership)</i>	Craft Name	Date of Birth
1)		
2)		
3)		
4)		
5)		

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____ - _____

Email Address: _____ Phone: _____

** *Optional* - How would you describe the Tradition you follow? _____

Would you like to receive your newsletter electronically in PDF format? (This saves paper!) Yes _____ No _____

For New Members:

- Individual Membership** - \$20 per year. \$ _____
- Family Membership** - \$20 plus \$3 per additional family member 13 years or older, per year. This carries all the benefits of Individual Membership, with the family receiving one newsletter and each adult receiving a membership card. \$ _____

For Renewing Members:

- Individual General Membership** - \$ 20 per year. \$ _____
- Individual Voting Membership** - \$ 25 per year. \$ _____
- Family Voting Membership** - \$25 plus \$3 per additional family member 13 years or older, per year. \$ _____
(This entitles the family to one vote.)

Voting memberships are **only available to renewing members** and families who agree to abide by the general concepts outlined in the Wiccan Rede, as well as to maintain the Pagan character of the WRCF. This class of Membership is entitled to vote in all matters placed before the membership of the WRCF as described in our Bylaws, generally at our annual meeting.

>>By signing below, you agree to abide by the general concepts outlined in the Wiccan Rede and to maintain the Pagan character of the WRCF.

Please sign here (if applying for voting membership): _____

Sabbat Package:

- Covers admission at the next seven Sabbats (Witches' Ball not included.) \$13 per person per year in addition to your membership - a savings of \$14 per person. \$ _____

Additional Donations:

If you wish to make a donation directly to our General Account in order to help fund our operations, please indicate the additional amounts here, and make note on your check or money order. Most donations to the WRCF, a 501(c)(3) non-profit organization, are tax deductible. Ask your accountant or tax preparer for details.

\$ _____

Total \$ _____

Privacy & Networking:

Do you wish to use an alternative name if we contact you, for privacy purposes? Yes No
If yes, what name would you like us to use? _____

If you wish to accept phone calls from us, may we identify ourselves as Wiccans to the person answering the phone? Yes No

Are you over 18(or the age of majority in your state if not Florida?)? ID may be required. If you are a minor, you must request our special application form for minors and have our Parental Consent Form signed by your legal guardian and notarized. Yes No

Have you been convicted of a felony? Yes No

Do you have any children under 18? Children are welcome at most of our functions. However, they must be accompanied either by their parent or legal guardian, or by another WRCF member with an appropriate notarized permission form. This is for the protection of everyone concerned - we retain the right to exercise discretion regarding the attendance of minors, and we thank you for cooperating with the no-exceptions rule Yes No

The WRCF is a Volunteer Organization. If you would like to help out with any of the following committees or groups, mark them and we will get the right people in touch with you!

- Membership Newsletter Education Fund Raising
- Board of Directors Members' Advocate Events

If you have any suggestions or comments for the WRCF, we would love to hear them. Contact any Board Member or your Members' Advocate to have your voice heard!!

Code of Ethics:

All members of the WRCF are expected to read, sign and abide by the following Code of Ethics.

- I will consider my pledged word sacred.**
- I will respect all other's right to freedom in all areas, including safety, privacy and philosophy.**
- I will respect the life of this planet and will show this respect by my actions.**
- I will seek to repair that which I have damaged, and to make amends to those whom I have harmed, to the best of my abilities.**
- I will remember that honesty is valuable in thought, word and deed.**
- I will not knowingly bring harm to the WRCF, Inc., nor any of its members.**

I have read and understood the above application and Code of Ethics, and agree to abide by the terms set therein.

Date: _____

Signature: _____

**Please fill this form out completely, sign and mail with check or money order to:
WRCF, Inc. 3208-C East Colonial Drive #202, Orlando Florida 32803**

Your membership card should arrive within six to eight weeks. If you have any questions about your membership or the WRCF, please don't hesitate to contact us at any of our gatherings, by email info@wrcf.org or by phone to **(321) 285-7462** with your specific request and any details that will help us help you.

Blessed Be!

For WRCF Use Only: Expiration Date _____/_____/_____ Individual [<input type="checkbox"/>] Family [<input type="checkbox"/>] Voting [<input type="checkbox"/>] SP [<input type="checkbox"/>] Paid \$ _____ Method of Payment Cash / Check Authorized By _____ on ____/____/____
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