

The Wiccan Religious Cooperative of Florida, Inc

Application for New Membership

(Updated 01/17/07)

We are aware that due to the nature of the society that we live in, 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 can not be responsible for misdirected postal mail items. For our records and legal purposes, please supply the following:

Legal Name(s): _____

Craft/Magickal Name(s): _____

Mailing Address: _____

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

Email Address: _____ Phone: _____

Would you like to receive the newsletter electronically in PDF format?

Yes _____ No _____

Individual Membership - \$20 per year. This option entitles the member to receive WRCF information publications such as our newsletter and calendar; member discounts at WRCF classes and events; and member discounts with participating businesses.

\$ _____

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.

\$ _____

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 \$8 over at the gate fees.

\$ _____

Additional Donations:

If you wish to make a donation directly to either of these or to our General Account in order to help fund our operations, please indicate the additional amounts here, and make a 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.

Scholarship Fund \$ _____

Community Center \$ _____

Land Fund \$ _____

General Fund \$ _____

Total \$ _____

Privacy & Networking:

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

Who should we ask for if we need to call you? _____

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

Do you have any children? Children are welcome at most of our functions. However, they must either be accompanied 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

Would you like your email address listed on the front of this form to be added to our NOTICE mailing list, which will deliver you updates of coming events and other useful WRCF information? 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 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, a current newsletter and more 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 wrcf@wrcf.org or by phone to 321-285-7462 with your specific request and any details that will help us help you. Many of your questions may already be answered on our web site. www.wrcf.org

Blessed Be!

For WRCF Use Only: Expiration Date _____ / _____ / _____ Paid _____ Method of Payment _____
 Individual Family Sabbat Authorized By _____ on _____ / _____ / _____