Member Information

If Possible Please Print Doublesided

Full Name: Pagan Name:

Birthdate: (M/D/Y)

Home Address:

Phone Number: (xxx)xxx-xxxx

Email:

Car Information: (Make, Model, Year, License

**IMPORTANT! (If we can not contact you we require at least two different people whom we can contact in case of an emergency.)**

Name: Phone:

Relationship:

Name: Phone:

Relationship:

Name: Phone:

Relationship:

Medical Issues/Allergies:

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To be filled by Council Members (Please Leave Blank)

Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Robe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Council Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Heritage Coven will not share your information with outside sources, this information that is to be provided is for coven use only. It will only be viewed by those on the council, though a contact sheet for other members may be provided and may or may not include names, phone numbers, and email addresses.