



Covenant of the Goddess Membership & Credential Renewal Form

Please *print* or *type* your information. Forms that are illegible or incomplete will cause a delay in the renewal process. **Be sure to complete all pages of this form.**

I/We are renewing our Membership in the Covenant of the Goddess as:	
<input type="checkbox"/>	A Coven (minimum \$110 Tithe)
<input type="checkbox"/>	A Solitary (minimum \$50 Tithe)
<input type="checkbox"/>	Two Solitary Members Living in the Same Household (minimum \$75 Tithe)

Membership Information and Confidentiality Levels - The **Coven Name/Name of Solitary** is the name that will be published in the Covenant's Membership Roster in each newsletter and must be either level P or level O. The **Contact Name** is the name that will appear on your mailing label for all official Covenant business. 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*
- Web** *Include on CoG Website Members Contacts page (and Outreach page if applicable)*

SECRET	COG ONLY	PUBLIC	OUT REACH	WEB	
					Local Council
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coven Name or Name of Solitary
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Contact Person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of 2 nd Solitary living in same household (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street address or PO Box
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City, State, Zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member website URL (if any)

Recertification of Membership Qualification

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

Signed:

Title:

Renewal Tithe Worksheet

Make your tax deductible check payable to Covenant of the Goddess or to CoG and mail it to the National Membership Officer at:

Beth Field, NMO, PO Box 771273 , Coral Springs, FL 33077

Please make one copy for your records and forward a copy to your Local Council Membership Officer, if applicable.

Membership Renewal	Tithe	Amount	
<input type="checkbox"/> Coven Tithe	Minimum \$110	\$	
<input type="checkbox"/> Solitary Tithe	Minimum \$50	\$	
<input type="checkbox"/> 2 Solitaries Living in Same Household Tithe	Minimum \$75	\$	
<input type="checkbox"/> I/we would like to renew, but are unable to pay the full tithe this year. Are Grace of the Goddess funds available? I/we can pay \$_____.		\$	
Membership Subtotal:			\$

Credential Renewals from page 2

Credential Subtotal:	\$
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Special Donations I would like to donate monies above the minimum tithe to:	Amount		
<input type="checkbox"/> Interfaith	Voluntary	\$	
<input type="checkbox"/> Ardantane	Voluntary	\$	
<input type="checkbox"/> Cherry Hill Seminary	Voluntary	\$	
<input type="checkbox"/> Grace of the Goddess (financial tithe assistance)	Voluntary	\$	
Special Donations Subtotal:		\$	

Additional CoG Documents You may retrieve the newsletter and/or copies of CoG documents from the CoG member's only website. A hardcopy version of the Newsletter may be ordered for \$30 a year.	Cost	Amount	
<input type="checkbox"/> Coven charter (suitable for framing, includes charter no.)	\$20	\$	
<input type="checkbox"/> Newsletter	\$30	\$	
Requested Documents Subtotal:			\$

Grand total enclosed	\$
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Proxy Designation (Optional)

<input type="checkbox"/>	We/I are granting our/my proxy to Grand Council as a whole . This may be changed at any time before the deadline established by the NMO before Grand Council.
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Date you sent this form:	Amount Enclosed: \$
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NATIONAL MEMBERSHIP OFFICE ONLY		
Date received:	Check #	Amount Enclosed: \$
Date of Deposit/Forward to NPW:	Date Membership Database Updated:	
Forwarded to Credentials Assistant:	Date Credentials Issued:	

Credentials Renewal

Credentials must be renewed at the same time as membership and will be valid for the membership year. You *must* list all renewing Credential Holders in your coven, or your own Credential if a Solitary member. Any Credential Holder not listed, will lapse. Please attach additional sheets if necessary. Credentials will expire on the same Sabbath the following year.

If a credential holder has joined your coven, transferred from another coven, or moved, please indicate this in the **Changes** space.

Changes from Ministerial to Elder require filing of a separate application.

For information about the various state laws, please contact your state, county and local municipalities or relevant websites. We offer the following websites as additional resources. These are not necessarily complete, comprehensive or current.

- Mandatory laws: Child Welfare Information Gateway:
<http://www.childwelfare.gov/responding/mandated.cfm>
- Marriage laws: Cornell Law School: *<http://www.law.cornell.edu/wex/index.php/Marriage>*

MAIL TO:
Beth Field, NMO
PO Box 771273
Coral Springs, FL 33077