



# SAPC South African Pagan Council

UNITY THROUGH DIVERSITY

Email: [info@sapagancouncil.org.za](mailto:info@sapagancouncil.org.za)

Web: [www.sapagancouncil.org.za](http://www.sapagancouncil.org.za)



OFFICE USE ONLY

Membership Approved: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved Date: \_\_\_\_\_

## SAPC MEMBERSHIP APPLICATION FORM

In accordance with Amendment No. 3 of the SAPC Constitution effective 1 November 2015, formal registration of membership is required. Members who are below the age of consent will require the signature / consent of a legal guardian. A separate membership form must be completed for each SAPC Member who is not simultaneously a member of an officially Affiliated Organisation in terms of Part 11 of the Amended Constitution.

For administrative purposes, full disclosure of personal information is required. All personal information given will be confidential and confined to SAPC administrative use only. Membership is free.

***All members must agree to abide by the Amended Constitution of the SAPC and support the Aims and Objectives of the SAPC.***

Upon completion this form must be:

E-Mailed to: [info@sapagancouncil.org.za](mailto:info@sapagancouncil.org.za)

and

Posted to: P.O. Box 14812, Nelspruit, 1211

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### MEMBER DETAILS (To be filled out by each person applying for membership)

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Pagan Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fax Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Tel Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Cell Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_



# SAPC

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### GENERAL INFORMATION

Are you solitary or do you belong to a coven? *(Please provide the name of the coven if applicable):*

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Do you belong to other Pagan organisations and if so which?

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***I hereby declare that the details I have provided are true and that I agree to abide by the Constitution, Aims and Objectives of the SAPC.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_