

# BAPA Membership Form

*BAPA's Mission is to serve the Pagan community as an information resource and to facilitate the practice of Pagan spirituality.*

BAPA members receive a member newsletter, and discounts on BAPA classes and from some vendors. BAPA recognizes that privacy is a critical issue for many Pagans. Therefore, BAPA membership information is kept confidential. BAPA does not sell or lend its mailing list to any other organization.

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Spiritual Path/Tradition \_\_\_\_\_

Organizational Affiliations \_\_\_\_\_

What events, activities, or ideas would you like BAPA to pursue? \_\_\_\_\_

**May we call you or send E-mail about volunteering?** Yes, call \_\_\_\_\_ Yes, send e-mail \_\_\_\_\_

No, please do not contact me about volunteering \_\_\_\_\_

I certify that I am at least 18 years old. (If not 18 then parent or guardian must sign.)

Signature \_\_\_\_\_

Type of Membership (*Check One*):

\_\_\_\_ General membership -- \$35/year *Single person membership*

\_\_\_\_ Family membership -- \$55/year *Regular membership privileges for all family members living at one address*

\_\_\_\_ Low-income membership -- \$15/year *For Pagans on limited incomes*

\_\_\_\_ Hero membership -- \$75/year *For those able to contribute extra: BAPA heroes receive their choice of a selected book or tape*

\_\_\_\_ Additional contribution \$ \_\_\_\_\_

*Note: Your cancelled check is your receipt.*

*Your membership donation is tax-deductible. We automatically send a receipt for contributions of more than \$75 (required for income tax deductions after January 1994). We will send you a membership card, so please make sure your mailing address is correct. Phone numbers and e-mail addresses help us follow up if the Post Office loses you.*

Total Enclosed: \$ \_\_\_\_\_

*Make check or money order payable to "BAPA". Please note that we charge \$10 for each returned check.*

Mail this completed form with your check or money order to BAPA, PO Box 4159, Mountain View, CA, 94040 - 0159. (408) 559-4242