

Complete and submit form to join FoDLA

(Membership includes quarterly newsletter. To receive printed mailings, postage/handling charge and mailed form are required. If you do not subscribe to printed newsletter, you will receive newsletter by email.)

Fields marked with "*" are required.

*Last Name : _____

*First Name : _____

Nickname/Religious Name (if any) : _____

Email : _____

*Address 1 : _____

Address 2 : _____

*City : _____

*State : _____

*Zip Code : _____

Phone : _____

*Date of Birth (must be over 18) : _____

*The following info may be released to other members (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> None (all confidential) | <input type="checkbox"/> Legal name | <input type="checkbox"/> Nickname/Religious name |
| <input type="checkbox"/> Street address | <input type="checkbox"/> Email address | <input type="checkbox"/> Phone number |

*The following info may be released to NON-members (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> None (all confidential) | <input type="checkbox"/> Legal Name | <input type="checkbox"/> Nickname/Religious name |
| <input type="checkbox"/> Street address | <input type="checkbox"/> Email address | <input type="checkbox"/> Phone number |

*By signing below, I affirm that I am a polytheist Pagan seeking membership and I support the FoDLA Founding Vision (required) :

Signature

Date

By checking below, I request receipt of newsletter & other materials by postal mail and I enclose the appropriate payment (check or money order payable to "FoDLA") :

- Quarterly newsletter (& any other mailings), mail, 1 yr = \$10.00
- Membership card (by mail) = \$5.00

TOTAL ENCLOSED: US\$ _____

Mail form and any payment to:
FoDLA
5152 Sepulveda Blvd, Box 139
Sherman Oaks, CA 91403