

# FIVE POINTS COVEN

## PROSPECTIVE MEMBER APPLICATION FORM

Help us get to know you a little more. Please print and complete the following information and return this application to one of the group members, or by sending it to the address below.

**Five Points Coven Inc.**  
**P.O. Box 34**  
**Turlock California 95381**

**Name:** \_\_\_\_\_

**Craft Name (if applicable):** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

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

**How Many Years In The Craft?:** \_\_\_\_\_

**Are You Self Dedicated?:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Have You Been Initiated Into Any Other Coven?** Y\_\_\_\_\_ N\_\_\_\_\_

**If YES, Which One?:** \_\_\_\_\_

**How Long Ago?:** \_\_\_\_\_

**Which Pantheon, Do You Follow?:** \_\_\_\_\_

**What Are You Looking For In This Coven?:**

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**What Is Your Specialty? (Divination, healing, physic, etc):**

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**Where Do You see Your Self Going In The Craft? (Priest/Priestess, HP/HPS, Etc.):**

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**Tell us About Yourself:**

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BY SIGNING THIS FORM I STATE THAT I AM 18 YEARS OF AGE OR OLDER. I UNDERSTAND THAT ALL MATERIAL IS THE PROPERTY OF FIVE POINTS COVEN AND ITS FOUNDING MEMBERS AND THAT NO MATERIAL SHALL BE REPRODUCED WITHOUT THEIR EXPRESS, WRITTEN PERMISSION.

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_