



Shining Lakes Grove, ADF
P.O. Box 3901, Ann Arbor, MI 48106
(734) 277-1897 – robh@shininglakes.org –
<http://www.shininglakes.org>

Membership Form

One form per person, please.

Legal Name: _____ P C

Religious Name (optional): _____ P C

Address: _____ P C

City: _____ State: _____ P C

ZIP Code: _____ Phone: _____ P C

E-Mail Address: _____ P C Birthdate: _____ P C

In the column next to your personal information, please indicate whether the information is Publishable (P), or Confidential (C). Publishable information will be printed in the annual Membership Directory. Confidential information will only be shared with members of the Leadership Council.

Please check one of the following:

New Membership Revival of expired membership Renewal of current membership
Name/address change (prior name/zip) _____

SLG Membership and Donation Categories:

SLG Local Membership (see rate table below): = \$ _____
 SLG General Fund donation \$ _____
 SLG Land Fund donation \$ _____
 Total enclosed \$ _____

Note: To be a full member of Shining Lakes Grove you must also join ADF. Only full members age 18 and up are eligible to hold office and vote. For ADF membership, see the ADF web site (www.adf.org).

All SLG memberships expire on November 1st. Full year membership rates are:

Adult (age 18+): \$24 per year

Youth (age 13 – 17): \$12 per year

Junior (age 7 – 12): \$6 per year

Child (age 1 – 6): \$6 per year

Members joining at other times of year pay a prorated membership rate:

If you join in:	Adult (age 18+)	Youth (age 13 – 17)	Junior (age 7 – 12)	Child (age 1 – 6)
November	\$24.00	\$12.00	\$6.00	\$6.00
December	\$22.00	\$11.00	\$5.50	\$5.50
January	\$20.00	\$10.00	\$5.00	\$5.00
February	\$18.00	\$9.00	\$4.50	\$4.50
March	\$16.00	\$8.00	\$4.00	\$4.00
April	\$14.00	\$7.00	\$3.50	\$3.50
May	\$12.00	\$6.00	\$3.00	\$3.00
June	\$10.00	\$5.00	\$2.50	\$2.50
July	\$8.00	\$4.00	\$2.00	\$2.00
August	\$6.00	\$3.00	\$1.50	\$1.50
September	\$4.00	\$2.00	\$1.00	\$1.00
October	\$2.00	\$1.00	\$0.50	\$0.50

Waiver: Required for Youth Members who have no member parent/guardian.

To whom it may concern: _____ has my
 (enter child's name here)
 permission to become a member of Shining Lakes Grove, ADF, and I am
 fully aware of the neopagan nature of this organization.

Parent's Signature _____

Parent's Name (printed) _____

Notary Signature _____

License and Expiration _____

Date Signed _____