

Name: _____ Date ____/____/____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

e-mail: _____ Phone: _____

___ Basic Membership, one year membership-Signature Hekate Bracelet

___ Sponsor Membership, two year Membership-Signature Hekate Travel Alter & Bracelet

Complete both sides of this form and tear off or cut along the line below. Please include your check for the membership and a \$3 shipping and handling fee. Mail to the address on the reverse side.

Blessed Be!

_____ Tear along this line