



Officers of Avalon
P.O. Box 22
Baraboo, WI 53913-0022

info@OfficersOfAvalon.com
www.OfficersOfAvalon.com

Application for Membership

Legal Name: _____
Craft Name: _____
Address: _____
City: _____ State/Prov.: _____ Zip/Postal Code: _____
Telephone: _____
E-mail Address: _____

Please check next to your qualifications below.

Full Members:

- Current or Retired Corrections Officers
- Current or Retired Dispatchers (Police, Fire or Emergency Medicinal Systems)
- Current or Retired Firefighters
- Current or Retired Law Enforcement Officers (Including Reserves, Specials and Auxiliaries)
- Current or Retired Military Police Officers of Investigators
- Current or Retired Paramedics or Emergency Medical Technicians

Associate Members:

- Any former law enforcement officer, firefighter, corrections officer, paramedic, emergency medical technician or dispatcher.
- Any non-sworn police or fire department employee
- Any Spouse of a full or associate member
- Medical doctors, registered nurses, etc.
- Persons over the age of 21 who are in training or have received training as a law enforcement officer, firefighter, paramedic, or emergency medical technician and who are actively seeking work in their respective field.
- Prosecuting Attorneys
- Search and Rescue Personnel
- Security guards or law enforcement persons with limited or no powers of arrest

Please put a check next to the type of membership for which you are applying
And return this completed form with a check made payable to "Officers of Avalon"

Full Membership \$25

Associate Membership \$15

Mail to: Officers of Avalon
P.O. Box 22
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Applicant must submit documentation to verify they meet the membership requirements. An example would be a copy of applicant's employee work I.D.

Signature of Applicant

Date



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Member Information

One of our goals is for the Officers of Avalon to represent emergency response personnel in the Pagan community and to represent Pagans in the emergency response community. In order to assess our ability to do this, we need to get an idea of the make-up of our organization and what knowledge and skills our members share. With that in mind, we would appreciate it if you would share some information with us.

Occupation: _____

Agency and its phone number: _____

Rank and/or Years of Experience: _____

Please describe any training or skills you have in your field of occupation that could be helpful to our organization:

Are you willing to share this knowledge with members of the O of A? Yes No

Are you willing to share this knowledge with the greater Pagan community? Yes No

Path/Tradition: _____

Level/Years of Experience: _____

Please describe any training or skills you have in your path/tradition that could be helpful to our organization.

Are you willing to share this knowledge with members of the O of A? Yes No

Are you willing to share this knowledge with non-Pagans in the emergency response community? Yes No