



Officers of Avalon

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www.officersofavalon.com
PO Box 22 Baraboo, WI 53913

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.

- Voting Member (\$25):
- Current or retired law enforcement officers (including reserves, specials & auxiliaries)
- Current or retired firefighters
- Current or retired paramedics and EMTs
- Current or retired dispatchers (police-fire-EMS)
- Current or retired corrections officers
- Current or retired military police officers or investigators
- Current, former or retired military personnel
- First Responders, that is, those who could be called upon to serve in a national emergency
- Doctors, registered nurses, etc.
- Security guards or law enforcement persons with limited or no arrest powers
- Any former LEO, fireman, corrections officers, EMT or dispatcher
- Any non-sworn police or fire department employee
- Prosecuting Attorneys
- Search and Rescue Personnel
- Coroners
- Park Rangers
- Persons over the age of 21 who are in training or have received training as a Law Enforcement Officer, Firefighter or EMT/Paramedic & who are actively seeking work in their respective field
- Any spouse or partner of a full member
- Friends of Avalon (\$15) : Anyone may join as a Friend.

Voting Membership
Please include documentation* Cost : \$25/yr Qty : _____ Total : \$ _____

Voting Membership – 3 year plan
Please include documentation* Cost : \$60/3 yr Qty : _____ Total : \$ _____

Friends of Avalon Cost \$15/yr Qty : _____ Total: \$ _____

Additional Donation to Avalon Cares Total : \$ _____

TOTAL DUE \$ _____

Send check or money order payable to Officers of Avalon to PO Box 22, Baraboo, WI 53913

*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

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