



Officers of Avalon

# Officers of Avalon

www.officersofavalon.com

PO Box 8112 Madison, WI 53708

## 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:

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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.

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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