

Ár nDraíocht Féin: A Druid Fellowship, Inc.

P.O. Box 17874

Tucson, AZ 85731-7874

Membership and Subscription Form

One form per person, please.

Legal Name: _____ P S C

Religious Name: _____ P S C

Address: _____ P S C

City: _____ State/Province: _____ Zip/Post Code: _____

Country: _____ Phone: _____ Birth Date: ____/____/____ (mm/dd/yy)

E-mail Address: _____ P S C

In which ADF Grove do you intend to participate, if any? _____

Beside your name, address, phone and e-mail address, please indicate whether the information is: Publishable (**P**), meaning it can be printed in ADF publications and we can give it out freely to people who wish to contact you; Sharable (**S**), meaning we can give it out to ADF members who request it; or Confidential (**C**), meaning that only the Mother Grove and ADF office staff will have access to it.

The information on this form represents a:

New Membership **Renewal** **Revival of Expired Membership**

Information Update (if name/address changed, indicate previous: _____)

If this is a new membership, where did you hear about us? _____

ADF Membership Rates

Regular Membership	_____ years @ \$25/year = \$ _____
Prisoner Membership	_____ years @ \$10/year = \$ _____
Subscription to Oak Leaves – Members	_____ years @ \$20/year = \$ _____
Subscription to Oak Leaves – Non-Members	_____ years @ \$25/year = \$ _____

Your Membership will officially begin on the postmark date of this form.