

# **Sacred Well Congregation Affiliation**

Please print and complete the form and mail both pages with your contribution to:

**SWC Membership  
PO Box 58**

**Converse, Texas 78109**

- 1. I request to affiliate with the Sacred Well Congregation.**
- 2. I have read and endorse The Five Tenets of the Sacred Well Congregation.**
- 3. I understand that my affiliation with The Sacred Well Congregation of Texas is voluntary and without obligation or condition of any nature other than to endorse and affirm in faith and practice The Five Tenets.**
- 4. I understand that I may terminate my affiliation with the Sacred Well Congregation of Texas at any time simply by written request. I further understand that my membership may be terminated for cause (willful violation of The Five Tenets) by action of the International Executive Council.**

*PRIVACY NOTICE AND CONFIDENTIALITY: All personal information will be held in strictest confidence and will not be released outside of the Sacred Well Congregation without your expressed written consent. Demographic information will be used for administrative and statistical purposes only and will not be released outside the Congregation in any form that would identify you as an individual. Items marked with an asterisk (\*) are Mandatory.*

Organization\_\_\_\_\_

\*First Name\_\_\_\_\_

Middle Initial\_\_\_\_\_

\*Last Name\_\_\_\_\_

\*Street Address\_\_\_\_\_

Address (cont.)\_\_\_\_\_

\*City\_\_\_\_\_

\*State/Province\_\_\_\_\_

\*Zip/Postal Code\_\_\_\_\_

Country\_\_\_\_\_

Home Phone\_\_\_\_\_

FAX\_\_\_\_\_

E-mail\_\_\_\_\_

URL\_\_\_\_\_

Names of additional members:

\*Which Membership are you interested in?

\_\_\_\_\_

Comments: