

# NCGR-PAA Membership Application

New Member  Renewal

## Contact Information

Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country) \_\_\_\_\_

Email address \_\_\_\_\_

Website \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (mobile) \_\_\_\_\_

## NCGR-PAA Statement of Purpose

NCGR-PAA serves as a trade association to promote the common interests of astrologers and to improve the status of the profession of astrology primarily through the implementation of a certification program, the promotion of high ethical standards in the practice of astrology, as well as any other matters relevant to the professional astrologer.

**I submit my application for membership to the NCGR Professional Astrologers' Alliance (NCGR-PAA). I agree to abide by the purposes, bylaws, and ethics code of the organization.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information – Annual Membership

Annual membership is \$45.00 US funds.

Enclosed is a check or money order (U.S. funds only), payable to NCGR-PAA.

Charge my credit card Name on card \_\_\_\_\_

MC/VISA/AMEX \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Send completed application to:

L.T. Wade, Exec. Sec. NCGR-PAA  
531 Main St  
#1612  
New York, NY 10044-0114  
execsec@astrologersalliance.org or 212.838.6247

*Once your application is processed, you will receive information on entering information into the online Member Profile.*

## Survey information (optional)

Name \_\_\_\_\_ Membership Category \_\_\_\_\_

Birthdate (mm/dd/year) \_\_\_\_\_ Birth Time (am/pm) \_\_\_\_\_ Time Zone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Lat. \_\_\_\_\_ Long. \_\_\_\_\_

May NCGR/PAA use this information for astrology research purposes?  Yes  No

Areas of interest \_\_\_\_\_

Number of years astrological student \_\_\_\_\_ Number of years professional astrologer \_\_\_\_\_

Certification \_\_\_\_\_ Astrological organization(s) issuing certification \_\_\_\_\_

Astrological organization memberships \_\_\_\_\_

Astrological school(s) attended or teachers studied with \_\_\_\_\_

Author of following publications or articles \_\_\_\_\_

Lecture experience \_\_\_\_\_

Teaching experience \_\_\_\_\_

Media (print, electronic, or both) experience \_\_\_\_\_

## Member Benefits

- Certification testing;
- Advocacy projects pertaining to the rights of astrologers and the practice of astrology;
- Information dissemination through publications and Enews;
- Educational opportunities;
- Mentoring programs;
- Professional development programs;
- Networking forums;
- Consulting skills development programs.
- Online directory listing;
- Online speakers' bureau listing;
- Links to other organizations; and
- (In the future) online teaching opportunities.