

South Florida Astrological Association

Application for Membership (subject to approval)



NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ (DAYS) _____ (EVENING)

FAX _____ E-MAIL _____

I hereby apply for membership in the South Florida Astrological Association.

RECOMMENDED BY: (optional): _____

Give a brief outline of your astrological knowledge or interest: (optional) _____

BIRTH DATA (optional) This information will be held in confidence.

Month / Day / Year _____ Time _____ am / pm Place _____

Application should be accompanied by the signed Code of Ethics and a check for \$59.00 (made payable to South Florida Astrological Association, Inc.) Thereafter, dues are payable September 1st of every year.

MAIL TO: SFAA, c/o Chris Kavanaugh, 14405 South Dixie Hwy, Miami, FL 33176

SFAA CODE OF ETHICS

I the undersigned, subscribe to the following Code of Ethics of the South Florida Astrological Association:

I recognize that a precise astrological opinion cannot honestly be rendered with reference to the life of an individual unless it is based upon a horoscope cast for the year, month, day and time of day plus correct geographical location of the place of birth of that individual, and I agree not to render such an opinion without this detailed information, unless the horoscope of the individual has been rectified by accepted astrological methods, or unless I positively state to the interested party that such conclusions are reached by alternative methods.

I agree not to interpolate or to introduce any astrological deduction, verbally or otherwise, or any interpretation which my conclusions appear to warrant, that are irrelevant to the Science of Astrology without first stating definitely that such deductions are neither based upon the life chart nor identified with the science.

I agree to honor and respect all confidences which may be reposed in me by consultation and to hold such confidences inviolable excepting wherein they may involve an act of felony or treason.

I agree not to use my identification with the SOUTH FLORIDA ASTROLOGICAL ASSOCIATION as a signature of publicity in any unethical manner. I agree to assist in any way I can in the elimination of the charlatan who may be masquerading under any form of title that can be construed to mean a connection with astrology designed to mislead the public or trade on their credulity in any way, and I hereby subscribe to the Code of Ethics as a condition to my membership in the SOUTH FLORIDA ASTROLOGICAL ASSOCIATION.

Signed: _____ Date: _____