

ASATRU FOLK ASSEMBLY

MEMBERSHIP APPLICATION

P.O. Box 445, Nevada City, CA 95959

Individual membership *Level of Membership*
 Family Membership Supporting (\$25/yr) Benefactor (\$120/yr) Patron (\$600/yr)

Primary Member

_____ _____ _____ _____ Do you want your birthday published to the AFA calendar? **YES NO**
First Middle Last Date of birth
Also known as _____ Occupation _____
GENDER **M F** Marital Status: **S M W D** Ages of children _____

Spouse

_____ _____ _____ _____ Do you want your birthday published to the AFA calendar? **YES NO**
First Middle Last Date of birth
Also known as _____ Occupation _____

Contact Info

Mailing address _____
City _____ State _____ Zip _____ Country _____
Phone # _____ Cell # _____
Email _____ URL _____

Other Information

Are you in a kindred? **YES NO** Name of kindred _____ City/State _____
May we refer other AFA members in your area to you? **YES NO**
Are you interested in hosting AFA events (classes, meetups...) in your area? **YES NO**
Why do you want to join the AFA? _____

Have you ever been convicted of a crime other than a misdemeanor? **YES NO**
Have ever been confined in a mental facility? **YES NO** (If "YES" to either question, give details on back.)

INTRODUCTORY READING

I have read, understood, and found myself in agreement with the Declaration of Purpose, Law of the Hall, and basic beliefs of the Asatru Folk Assembly. (Please initial) _____

AFFIRMATION

I am a responsible, non-incarcerated follower of Asatru, eighteen years of age or older, acting without coercion or deceit. I declare that I have accepted the religion of my ancestors, known as Asatru (Germanic Way, Folkway, or Heathenism) as my own, and that I have studied the beliefs of the Asatru Folk Assembly as expressed in its literature. After careful consideration, I am now applying for membership in that organization. All that I have indicated on this application is true. I understand that false statements made here may result in my application being denied or revoked. Enclosed is my first year's dues, renewable in 12 months time.

Signature _____ Date _____
Signature _____ Date _____