

# ASATRU FOLK ASSEMBLY

## MEMBERSHIP APPLICATION

Personal Membership

*Type of Membership*

Family Membership

Supporting \$25/yr

Benefactor \$120/yr

Patron \$600/yr

Legal name \_\_\_\_\_ Date of birth \_\_\_\_\_

Also known as: \_\_\_\_\_

Spouse's name (for family memberships) \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Cell #: \_\_\_\_\_ URL: \_\_\_\_\_

Occupation \_\_\_\_\_ Marital status: S M W D Ages of children \_\_\_\_\_

How would you like to receive your exclusive Members' Newsletter?

PDF format

Email format

Web accessed

Paper copy (\$10/yr)

Are you currently a member of 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 (i.e. classes, gatherings...) in your area? YES NO

Have you been convicted of a crime other than a misdemeanor? YES NO

*Currently incarcerated* individuals are not eligible for membership.

Have you 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 \_\_\_\_\_