



Brotherhood of the White Temple, Inc.

Church Application

(Please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Birthdate: _____ Place of Birth: _____ Occupation: _____

Email: _____

Phone: _____

I ask admittance to the Brotherhood of the White Temple Church.

I am a Seeker of Truth and desire to know more.

Spiritual Training (Name all religious, philosophical, or metaphysical study.)

How did you find the Brotherhood of the White Temple?

Husband and wife may join at the same time. This joint application supplies one lesson for both members, instead of individual lessons.

Monthly Membership (Individual): \$75.00 (shipping included)

Monthly Membership (Joint): \$90.00 (shipping included)

Applicant #2

(Please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Birthdate: _____ Place of Birth: _____ Occupation: _____

Email: _____

Phone: _____

I ask admittance to the Brotherhood of the White Temple Church.

I am a Seeker of Truth and desire to know more.

Spiritual Training (Name all religious, philosophical, or metaphysical study.)

How did you find the Brotherhood of the White Temple?

Initials
(Applicant #1)

I pledge secrecy regarding all lessons, passwords and rituals, which may be imparted to me by the Brotherhood. I will not impart them to anyone not a member of the Brotherhood unless given permission by an officer of the Brotherhood.

Initials
(Applicant #2)

Initials
(Applicant #1)

I understand that all lessons, rituals and other Brotherhood material are loaned for my use while a member of the Brotherhood. I pledge to return all materials provided, if my membership is terminated.

Initials
(Applicant #2)

Initials
(Applicant #1)

Either the Brotherhood or myself may terminate the connection at any time.

Initials
(Applicant #2)

Signature: _____ Date: _____
(Applicant #1)

Signature: _____ Date: _____
(Applicant #2)

Method Of Payment:

United States: Check, Money Order, Visa/Mastercard

Other Countries: Visa/Mastercard

Payment Options:

Check/Money Order Payment

Credit Card Payment

Automatic Billing:

I would like the Brotherhood to save my credit card number and automatically renew my subscription every MONTH.

Payment Information:

Brotherhood Church Membership: \$ _____

Tithe or Love Offering (Voluntary): \$ _____

Total Enclosed: \$ _____

Please charge my Visa/Mastercard: \$ _____

Credit Card #: _____

Expiration Date (4 digit) Month/Year: _____

Code: _____

(We CANNOT accept credit card numbers sent through e-mail or the internet. Please send card numbers by mail, or contact the Brotherhood office at 303-688-3998.)

Brotherhood of the White Temple
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