Before you complete this application, please re-read the General Information and Admissions Letter.

| Legal Name: | | | | | |
|---------------------------------|------------------|----------------|----------------|---------------------------|---|
| Preferred Honorific: Gender: | ☐ Mr. ☐ Male | ☐ Ms. ☐ Female | ☐ Mrs. | ☐ Miss | Dr. Date of Birth: |
| | Attach a copy | of a govern | ıment-issue | ed picture ID | that shows your date of birth. |
| We use phone and | l email to set u | | | INFORMA . Membership | ATION: packets are sent to the postal address you provide |
| Postal Address: | | | | | |
| Day Phone: | | Evening phone: | | | Cell Phone: |
| Email Address: | | | | | |
| Preferred method and | time of contac | t: | | | |
| Personal Website/Blogs | : | | | | |
| Sponsor: | | | of Set, or are | | any other Setians, complete this part. |
| Other Setain Contacts: | <u> </u> | | | | |
| List other groups | to which you | - | | FFILIATION And profession | ONS nal organizations. Use a separate sheet if necessary. |
| | | | | | |
| | | | | | |

BACKGROUND

Use separate sheet, preferably typed

What other magical or initiatory organizations have you been affiliated with? Have you ever been affiliated with the Temple of Set before? If so, using what name? What members of the Priesthood did you work with?

Do you have a criminal record? [Have you been convicted of felonies or serious misdemeanors?] If so, explain. [Having a criminal record does not preclude memberhip. However, concealing a criminal record will result in immediate cancellation of your membership.]

Have you ever received treatment for a psychiatric disorder? Are you currently under the care of a psychiatrist or counselor? Do you currently take any psychoactive drugs [prescription or not, legal or illegal]? If so, explain [Again, having this kind of history does not necessarily preclude membership. If you are admitted and found to have concealed such a history you will be expelled.]

ESSAY

Write a letter to the Executive Director [if not already included in your initial letter]:

- 1. Introduce yourself.
- 2. Summarize whatever aspects of your background you feel to be relevant.
- 3. State your reasons for deciding to seek entrance to the Temple of Set
- 4. Explain what skills and abilities you bring to the Temple of Set

I have read the Temple of Set's General Information and Admissions Letter, and I am applying for affiliation with the Temple of Set. I understand that membership in the Temple of Set requires a commitment of time and effort on my part, for study, correspondence, practice and introspection. I affirm that the information I have provided is accurate and complete [and I understand if it's found not to be, my affiliation can be cancelled immediately].

| Pri | nt Name: Date: | | | | | |
|-----|---|--|--|--|--|--|
| Sig | gn Name: | | | | | |
| - | eplication does not ensure acceptance; you will be contacted for an interview as soon as possible. If you are within 300 miles of a ember of the Priesthood, you will be expected to travel [at your expense] to meet with them after a phone and/or email interww. | | | | | |
| | Use the following checklist to ensure your application packet is complete: | | | | | |
| | Completed, signed application form | | | | | |
| | Photocopy of a government-issued picture ID that includes your date of birth | | | | | |
| | Your essay | | | | | |
| | Your initial enrollment fee of \$80 USD [Include a signed credit card authorization slip. We do not accept paypal or wire transfers of any kind. If you reside within the USA we will accept a personal check or money order.] | | | | | |
| Ad | ldress your packet to: TEMPLE OF SET | | | | | |

c/o Executive Director

P.O. Box 470307 San Francisco, CA 94147 USA

Email: ed@xeper.org