

APPLICATION FOR PROBATIONARY MEMBERSHIP

Full Name _____

Address _____

City _____ Province _____ Postal _____

Home Phone _____ Male _____ Female _____

Birthplace _____

Birthdate _____
Month Day Year Time

Marital Status _____

Education _____

Profession/Business _____

Interests _____

If you are currently a member of any other secret, fraternal or philosophical organizations, please give name(s): _____

I hereby make application for Probationary Membership in the Fraternity of the Hidden Light. I have enclosed (circle one):

	Standard (Hardcopy)	PDF (Threshold Only)	PDF (Student Rate)
Monthly	\$15.00	\$12.00	\$8.00
Quarterly	\$45.00	\$36.00	\$24.00
Annual	\$162.00	\$130.00	\$85.00

Signature _____ Date _____

Mail to:

**The Fraternity of the Hidden Light (Canada)
#39 - 390 Champlain St
North Bay, ON. P1B 9L3
CANADA**