



Application for Mystic Labyrinth Membership

Date:

Legal Name:

Craft Name:

Email Address:

Mailing Address:

Contact Phone:

Date of Birth:

Web Page (if applicable):

Gender:

Disability (if applicable):

Educational Level (optional):

Occupation (optional):

Are you a member of any other Correllian Shrine, Proto-Temple or Temple? If so, which one?

What special skills or areas of study are you proficient in (magical or otherwise)?

What are your interests or hobbies?

What are your other pagan or religious affiliations? What other groups or organizations do you belong to?

Other information about yourself that you would like to share with us:

In 25 words or less, why do you want to be a Mystic Labyrinth member?

Do you agree to support and follow the beliefs and practices of the Correllian tradition regardless of your other teachings, beliefs, practices, or affiliations?

Are you willing and able to maintain an active involvement with Mystic Labyrinth, and work collaboratively and cooperatively with other members of the Shrine and the Correllian Tradition?

I have re-read all that I have written and agree that it is all accurate to the best of my belief and understanding.

Signature of Applicant
