

# Temple of Self Liberation - Membership Form

Full Legal Name: \_\_\_\_\_

Spiritual Name (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Do you pledge to uphold the 142 Laws of Maat in all your dealings?

☐ Yes ☐ No

Do you consent to walk the path of peace, healing, unity, and justice?

☐ Yes ☐ No

Will you defend the sacred rights of all life, and protect those in need?

☐ Yes ☐ No

Do you wish to serve in the Temple as a:

☐ Peacemaker ☐ Guardian ☐ Healer ☐ Builder ☐ Teacher

☐ Other (please specify): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Temple Use Only:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved by Elder: \_\_\_\_\_ Title: \_\_\_\_\_