

COMPANIONS OF THE STONE

Application for Associate Membership

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

The following questions are intended to help your instructor to assist you with the Associate correspondence course in the event that your application for membership is accepted. There are no "right" or "wrong" answers.

Describe any previous experience you may have with the Qabalah, ceremonial magic, or other elements of the Western esoteric tradition.

Describe any previous experience you may have with other spiritual or magical traditions or practices.

What aspects or areas of spirituality, magic, and esoteric study interest you most?