| priesthood INITIATION Application | | | |
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| Applicant Information | | | |
| The 3-year The Shrine of Ma’at priesthood training is offered to select initiated members of the Shrine and also to those initiated in similar Kemetic spiritual institutions. Please submit this application. A decision concerning your application will be made promptly. | | | |
| Name: | | | |
| Date of birth: | Home Phone: | | Cell Phone: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Gender: F M (circle one) | Email address: | | |
| Emergency Contact | | | |
| Name: | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Relationship: | | | |
| Why are you interested in entering the preisthood? (Attach additional pages if necessary) | | | |
|  | | | |
| **HOW WILL YOU REMAIN COMMITTED TO THE PROCESS? (Attach additional pages if necessary)** | | | |
|  | | | |
| **INITIATION FEE (Circle One)** | | | |
| $4,500 for 3 years or $1,550/year or $150/month | | | |
| Form of Payment (circle one) | | | |
| Cash | | Check | |
| PayPal | | Credit/Debit | |
| Signature | | | |
| I understand that the fee is non-refundable and that it is my responsibility to complete all 14 weeks of the process in order to be duly initiated into the Shrine of Ma'at. | | | |
| Printed name of applicant: | | | Date: |
| Signature of applicant: | | | Date: |
| **FOR SHRINE USE ONLY** | | | |
| **Date received\_\_\_\_\_\_\_ Yearly Payment \_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_ Weekly Payment \_\_\_\_\_\_\_ Fee Paid in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**Please Email Form to djed@shrineofmaat.org**