



TEMPLE OF LYLYTH

MEMBERSHIP QUESTIONNAIRE

The following may be printed out and, upon completion, mailed to:
Temple of Lylyth, P.O. Box 708, Portage, WI 53901-0708 USA

Provide answers to all questions to the best of your ability. All data is held in strict confidence. Questions marked with an (*) are optional. Please do not fill them out if you feel it is not relevant.

Full Legal Name:

Address:

Telephone:

Email Address:

Date of Birth:

* Gender:

* Education Level:

* Marital Status:

* Occupation:

How did you hear about the Temple of Lylyth?

What are your impressions of the current materials available on the Temple of Lylyth Website?

What do you expect to accomplish by membership in the Temple of Lylyth?

What is your attitude toward animals?

What is your life's goal, and what steps have you taken to attain it?

Do you find any of our tenets objectionable? If so, which and why?

Tell us about the hobbies and activities that you enjoy.

What is your disposition and how would someone describe you to us?

What is your personal definition of magic?

Do you feel you are or have ever been oppressed or persecuted in any way? If so, explain.

Do you work better alone or are you more productive in a group?

Do you make friends easily if you so choose?

Do you feel you have leadership abilities? Optionally, where have you functioned as a leader?

Have you ever been convicted of a felony or violent crime? If so, explain in full.

Describe a significant experience in your life bordering on what you would consider the paranormal or supernatural, if any.

Have you served in the armed forces? If so, provide the branch and years, if you please.

Tell us about an important or significant accomplishment in your life?

Are you free to travel? To what extent?

Please describe in detail your journey to Lylythianism.

* In what organizations are you a member or volunteer?

Please enclose a recent photograph of yourself for our records, and if you choose a small gift for the Temple, by check or bank draught in US dollars. Please include a self addressed stamped envelope to send a membership card for proving membership in the Temple of Lylyth. Additionally, this form is not valid unless signed below and dated:

I desire to be registered as a member of the Temple of Lylyth.

Signature

Date

- - - - - For Official Use Only - - - - -

Date Received: _____

Meeting Date: _____

Approved: _____
