

Membership Application



Please underline which body you ARE seeking membership in: Church of the Sons of YHVH / Legion of Saints or the Daughters of the Kingdom.

Full Name: _____

Please Print

Birth Date: ____ / ____ / _____ Age: ____ Gender: Male Female
mm dd yyyy

Physical Address: _____

Mailing Address: _____

If Different

City: _____ State: ____ Zip: _____

Email Address: _____

If Applicable

Home #: (____) _____ - _____ Cell #: (____) _____ - _____

If Applicable

Are you currently employed?: Yes No

Explain: _____

Were you ever in the military? Yes No

If yes, please explain: branch, rank and type of discharge, duties etc
etc _____

Education; High School, College, Trade School _____

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Do you have any physical or mental disabilities?: Yes No

If yes, explain. Include any medications you are currently taking and/or tell us if you are under the care of a doctor: _____

I am seeking membership because: _____

Affirmation Oaths

Church of the Sons of YHVH - I affirm that I have read and understand the Constitution and By-Laws of the Church of the Sons of YHVH. I am of pure White bloodline, a Christian and will strive to learn the laws of YHVH. I will do the required reading to come into the knowledge of God and His life-laws. I will strive to carry myself according to those laws and the Church standards.

Applicant's Signature: _____

Date: ____ / ____ / _____

mm dd yyyy

Single Applicant; \$25.00; Application Fee and \$10.00 per month Dues. Married Couples; \$40 Application Fee and \$15 per month Dues. Your first month's dues and registration fee must accompany the application along with a photo copy of your Driver's License or state ID card. That's \$35 for a single person or \$55 for a couple. Your application will be rejected if all of these requirements are not included.

Send Check or Money Order to:

Church of the Sons of YHVH

P.O. Box 282

Converse, Louisiana 71419 – USA

DO NOT SEND CASH