

Membership Application

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Which body are you seeking membership in?:

- Church of the Sons of YHVH Legion of Saints Alpha Division
 Daughters of the Kingdom Angels Wing

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

If yes, explain: _____

Hobbies and Interests: _____

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

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

Have you ever been convicted of a felony?: Yes No

If yes, explain: _____

I am seeking membership because: _____

How did you hear about us?: _____

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.
- Legion of Saints - I affirm that I am a male over 18 years of age and that I have read and understand the Divine Manifesto of the Legion of Saints and am willing to live up to the standards set forth in it. I pledge to support the ministry of the Church and work as a watchman on the wall, carrying the message of Christ to the lost sheep of the House of Israel, striving towards awakening our Holy race to the perils of Jewish Imperialism. I understand that there are no dues required, but I understand that it is my duty to offer my financial support as I am able.

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