



AURUM SOLIS - PRONAOS

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N° Pronaos Member

For the administration

Application for PRONAOS - INITIATIC TRAINING p.1/2

Personal information

.....
First Name

.....
Last Name (in Capitals)

.....
Postal Address

.....
City

.....
State

.....
Zip Code

.....
Country

.....
Telephone Number

.....
Email Address

.....
Date of Birth (Year, month, date) and Age

.....
Professional Occupation

.....
Pseudonym chosen for you Inscription on the website

.....
Parent's Religion

.....
Current Religion

.....
Native Language

.....
Other languages

.....
Initiatic groups (in which you are an active member. If the space above is too short, you may continue on another page)

.....
Initiatic groups (in which you have been active in the past or received initiations If the space above is too short, you can continue on another page)

.....
Books of interest to you that are related to this application

.....
Are you single? yes no If no, is your companion aware of your application? yes no

.....
If not, explain why

.....
Number and age of your children

Note: You can continue your answers in another page if necessary.

