

APPLICATION FOR MEMBERSHIP



Confraternity of the Rose Cross
PO Box 304
Tillson, NY 12486-0304
USA

NAME:

ADDRESS:

CITY:

STATE/COUNTRY:

ZIP:

PHONE:

E-MAIL ADDRESS:

COUNTRY OF CITIZENSHIP:

DATE OF BIRTH:

GENDER(M/F):

OCCUPATION:

EDUCATION:

MYSTICAL/ FRATERNAL ORGANIZATIONS IN WHICH YOU ARE CURRENTLY A MEMBER:

MYSTICAL/ FRATERNAL ORGANIZATIONS IN WHICH YOU WERE A MEMBER IN THE PAST:

WILL YOU KEEP AN OPEN MIND AND FAITHFULLY STUDY THE ROSICRUCIAN TEACHINGS
AND APPLY THEM IN YOUR DAILY LIFE?

WHY DO YOU WISH TO BE A MEMBER?

SIGNED:

DATE:

Type in your name

Complete this application, save it to your computer, and email it to us at: application@crbsite.org

REGISTRATION & DUES:

ENCLOSED:

REGISTRATION FEE: **\$25.00US**
(per application, payable with application*)

CR+C ANNUAL MEMBERSHIP DUES **\$100.00US**
(payable in quarterly installments of \$25US.
Regist. fee + 1st Qtr Pmt required with application)

CR+C ANNUAL COMPANION MEMBERSHIP DUES **\$140.00US**
(For two members of the family - same mailing
address. Payable in quarterly installments of \$35US.)

TOTAL AMOUNT ENCLOSED*:

* Regist. fee + 1st Qtr Pmt required with application.
Min \$50.00US single or \$85.00US companions.

*If application is not accepted, registration fee will be refunded

Method of Payment:

Check

Money Order

PayPaL (includes credit card payments)

To pay online with your credit card or PayPal go to Pay Dues Online – www.crbsite.org/members.htm#2

Make Check or Money Order payable to **Confraternity of the Rose Cross** in the US Dollars.