

# Shamanic Astrology Mystery School Certification Program Application Form

I, the undersigned:

\_\_\_\_ am current with my Shamanic Astrology Mystery School (SAMS) Basic Membership dues.

\_\_\_\_ have read and understand the Shamanic Astrology Certification Track Overview.

\_\_\_\_ have read and understand the Shamanic Astrology Certification Requirements.

\_\_\_\_ have read and understand the Shamanic Astrology Certification Registration Process.

\_\_\_\_ have sent in my letter of intent to participate in the Shamanic Astrology Certification Program, along with a list of any SA classes that I have already taken, and why I am interested in this pursuit.

\_\_\_\_ have paid the one-time \$100 application fee by check or on-line with PayPal at [www.ShamanicAstrology.com](http://www.ShamanicAstrology.com)  
(A \$25 discount is applied to the application fee if the \$75 SAMS membership fee is paid at the same time,  
total = \$150)

\_\_\_\_ have ordered the required materials to begin the Certification Program.

Do you have any physical or health conditions that would limit your full participation in any of the required events?

\_\_\_\_ No \_\_\_\_ Yes (If yes, please explain in your letter of intent)

Contact and Birth information:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Time of Birth \_\_\_\_ AM or \_\_\_\_ PM (Please be as exact as possible.)

\_\_\_\_\_ Place of Birth (City, State & Country)

The philosophical and actionable commitment to be a member, certification or apprentice participant is that each individual must be willing to commit to participate with an open mind and heart. As SAMS recognizes the importance of the shadow, and is not a light polarized school, a certain level of personal, spiritual and emotional maturity is assumed and expected in order to fulfill the objective of the Mystery School. It is vital to the successful functioning of every SAMS circle and gathering that each member, certification and apprentice participant will agree to clear any personal issues with any facilitator or any other member on their own time so as not to negatively impede the circle or gathering. With my participation in this program, I commit to act for the integrity of all SAMS gatherings.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Please mail all application materials with payment to:

SAMS

PO Box 16331

Tucson, AZ 85732

**Make checks payable to SAMS**

**Or contact us for instructions on using PayPal**