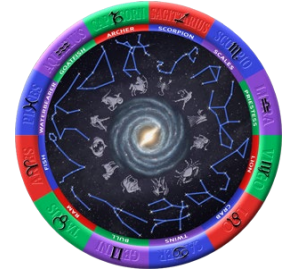


Shamanic Astrology Mystery School

A 501(c)3 Non-Profit Educational Organization



Registration for Shamanic Astrology Certification

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Mailing Address (include Country, if not in the USA):

Please provide your Birth date, Birth time (if known) and Birth Location (city, state, country)

Are you a member of the Shamanic Astrology Mystery School?

What Level/Degree of certification do you wish to obtain?

Please explain why you want to become certified by our School?
(Provide an extra page if needed)

Mail Form to: SAMS, 6107 SW Murray Blvd #161, Beaverton, OR 97008