TELOS-USA MEMBERSHIP

APPLICATION AND AGREEMENT

PERSONAL INFORMATION

First Name: _____ Last Name:_____

Address:_____

City, State, Zip Code:_____

Telephone: Cell Phone: _____ Home Phone: _____

E-Mail Address:_____

BACKGROUND

How many of the Telos book series have you read? Please put a check mark next to each one you've read:
Telos Vol. 1_____ Telos Vol. 2_____ Telos Vol. 3_____ Seven Sacred Flames_____
Ascension Booklet_____ Prayers to the Seven Sacred Flames_____ Angelo's Message_____
Have you made a personal journey to Mount Shasta? _____ If so, when? _____
Have you taken an Initiatic Journey in Mount Shasta? _____ If so, when? _____
Gifts and Talents: _____

NETWORKING

Do you want Telos-USA to share your information with others in your area for mutual support and possible Study Group Participation? Yes ☐ No ☐

AGREEMENT

I have read and support the principles outlined in the Homepage regarding the mission and goals of Telos-USA. I would like to become a member and/or make a donation to support the activities of Telos-USA.

_____ _____ Date: _____
Please Print Name Signature

Please make check payable to TELOS-USA and send a copy of this form along with your donation to:

TELOS-USA
P.O. BOX 1196
MOUNT SHASTA, CA 96067-1196

TELOS-USA MEMBERSHIP APPLICATION AND AGREEMENT