



Infernal Legion Membership Application

Type of Discharge [we do NOT accept dishonorable discharges]: YES NO	Applicant Information					
Address: Street Address	Full Name			Date:		
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Street Address	Address:					
Phone: Email	Address.	Street Address			Apartment/Unit #	
Phone: Email						
Date of Birth: Branch of Service?: Are you currently Active Duty / Guard / Reserve? If so, what is your current obligation or enlistment cycle? Discharge Date, if applicable: Rate/Rank at Discharge: Type of Discharge [we do NOT accept dishonorable discharges]: Are you a member of the Church of Satan? Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. You are required to send a scanned copy of your DD-214, or current enlistment document with this application. If you do not, or will not send these documents, your application will not be considered. You are required to send a scanned copy of your Red Card with your application to verify your membership with The Church of Satan. Please keep us updated with any changes to your membership. If this application leads to membership, I understand that false or misleading information in my application may		City		State	ZIP Code	
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