



Infernal Legion Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

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?

Social Security No.: _____ 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? YES NO

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 result in my release.

Signature: _____ Date: _____