



# ILLUMINATI MEMBERSHIP FORM



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This form is sacred and confidential. By completing it, you affirm your will to walk the Path of the Hidden Flame. Every answer must be honest. Any falsehood will be revealed by the Watchers.

- 1. Full Legal Name: \_\_\_\_\_
- 2. Chosen Name (if any): \_\_\_\_\_
- 3. Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- 4. Country of Residence: \_\_\_\_\_
- 5. City: \_\_\_\_\_
- 6. Phone Number (include country code): \_\_\_\_\_
- 7. Email Address: \_\_\_\_\_
- 8. What do you seek from the Brotherhood? (Circle one): Power / Wealth / Knowledge / Enlightenment / Protection / Brotherhood
- 9. In your own words, why do you seek the Light?
  - \_\_\_\_\_
  - \_\_\_\_\_
- 10. Do you have any previous affiliations (spiritual, fraternal, or secret) to declare?
  - \_\_\_\_\_
- 11. Are you prepared to be watched, tested, and transformed? Yes / No
- 12. Do you accept the Oath of the Hidden Flame? Yes / No
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- Sign Below to Confirm Submission:
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_