



Membership Application

(Please print or type in all applicable information)

Applicant Information:		<input type="checkbox"/> Voting Member		<input type="checkbox"/> Supporting Member	
Name:		Date of Birth (mm/dd/yyyy):			
Address:		City:	State:	Zip Code:	
Phone:	Cellular #:	Email Address:			
Priest Name:		Initiation Date (mm/dd/yyyy):			
Where were you initiated (city/state/country)?:					
Other Spiritual/Religious Affiliations:					
Employment/Occupation:					
What is your craft? Specialties/Talents (diviner, oriate, drummer, apon, cook, thrones, beadwork, sew, etc):					
Applicant's Godparent					
Name:		Date of Birth (mm/dd/yyyy):			
Address:		City:	State:	Zip Code:	
Phone:	Cellular #:	Email Address:			
Priest Name:		Initiation Date (mm/dd/yyyy):			
Where was he/she initiated (city/state/country)?:					
Applicant's Ajugbona					
Name:		Date of Birth (mm/dd/yyyy):			
Address:		City:	State:	Zip Code:	
Phone:	Cellular #:	Email Address:			
Priest Name:		Initiation Date (mm/dd/yyyy):			
Where was he/she initiated (city/state/country)?:					
<i>Included with this application is the \$21.00 one-time application fee. Once approved, I further agree to pay to yearly membership dues of \$144.</i>				Applicant's Signature:	

Membership Approval – This section to be completed by the referring ObaTele member

Member Name:	Member Name:
Member Signature:	Member Signature:
Approval Date:	Approval Date: