



GALDRAGILDI

MEMBERSHIP INQUIRY FORM

WHEN FINISHED, PLEASE MAIL THE COMPLETED DOCUMENT TO:

GALDRAGILDI
PO Box 612
ADA, MI 49301
UNITED STATES OF AMERICA

YOU WILL BE CONTACTED BY THE SENIOR MEMBER NEAREST YOUR LOCATION WITHIN 10 BUSINESS DAYS.
THANK YOU FOR YOUR INTEREST.

NAME: _____

E-MAIL ADDRESS: _____

1) WHERE ARE YOU LOCATED? _____

2) DO YOU HAVE ANY PREVIOUS EXPERIENCE WITH MAGIC OVERALL OR HEATHEN SPIRITUAL PRACTICES?

3) DO YOU HAVE KNOWLEDGE OF THE GERMANIC/TEUTONIC GODS & GODDESSES? (ÆSIR, VANIR) AND SPIRITUAL ENTITIES? (ALFAR, DVERGAR, DISIR, NORNIR, LANDVÆTTIR, ETC.)

4) WHAT ARE YOU HOPING TO ACCOMPLISH FROM MEMBERSHIP IN THE GILD?
