



# The Ancient Egyptian Order



## Re-Activation Information Form

In order to expedite processing please type or print legibly. Please complete this form in its entirety.

This form is for A.E.O. Members that are Requesting to Re-Activate their A.E.O. Membership.(who have not been activate for the last year or longer)

**Personal Checks Are Not Accepted**

**Please allow at least 2-4 weeks for processing all Re-Activation Request**

**NAME:**

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

**PREVIOUS ADDRESS:**

\_\_\_\_\_

**CURRENT ADDRESS:**

\_\_\_\_\_

**COUNTRY:**

\_\_\_\_\_

**HOME TELEPHONE:**

**CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:**

\_\_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**PLACE OF BIRTH:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

\_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE / HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**EYE COLOUR:**

\_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

**FORMER RELIGION:**

\_\_\_\_\_

**OCCUPATION:**

\_\_\_\_\_

**EMPLOYER:**

\_\_\_\_\_

**SKILLS UTILIZED:**

\_\_\_\_\_

**DO YOU HAVE ANY MEDICAL PROBLEMS?:** \_\_\_\_\_ **(YES)** \_\_\_\_\_ **(NO)**

*If yes, please explain:* \_\_\_\_\_

**A.E.O. ID#:**

\_\_\_\_\_ **ZERO TIME REFERENCE DATE:** \_\_\_\_\_

**EGIPTIAN NAME:**

\_\_\_\_\_

**EGIPTIAN MEANING:**

\_\_\_\_\_

**Which Revelation Studies Have You Studied?: Please Circle: 1 2 3 4 5 6 7 8 9**

**Are Your Dues Freewill Offerings Current (up to date)?:** \_\_\_\_\_ **(YES)** \_\_\_\_\_ **(NO)** **Last Date Submitted:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**I Have Enclosed A Back Dues Freewill Offering For Date?:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**to** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**Freewill Offering \$** \_\_\_\_\_

**Last Date Of Activation:** \_\_\_\_\_ **Current Date For RE-Activation:** \_\_\_\_\_

**RE-ACTIVATION Processing Freewill Offering \$19.00:** **ENCLOSED:** \_\_\_\_\_ **(YES)** \_\_\_\_\_ **(NO)**

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