



The Ancient Egyptian Order



Re-Activation Information Form

In order to expedite processing please type or print legibly. Please complete this form in it's 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:** _____

EGYPTIAN NAME: _____

EGYPTIAN 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)

The Ancient Egyptian Order, LLC.

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