

Date: \_\_\_\_\_

**Temple of the Feminine Divine**  
*Iseum Musicum*

**Initiate Application and Questionnaire**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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1. How did you hear about our program?

2. What is your experience with Pagan practice?

3. What do you hope to learn by participating in this three-year curriculum?

4. Why do you wish to become an ordained Pagan minister?