



THE SCHOOL OF THE WISDOM

THE THEOSOPHICAL SOCIETY

ADYAR, CHENNAI 600 020, INDIA

Please fill in BLOCK CAPITALS and send this form to the Secretary of the School of the Wisdom, The Theosophical Society, after obtaining the recommendation of the General Secretary of your Section or a well-known member.

NAME:

NATIONALITY:

DATE OF BIRTH:

ADDRESS (in home country):

OCCUPATION (if retired, former occupation):

DATE OF JOINING THE T.S.:

DIPLOMA No.:

SECTION / FEDERATION / BRANCH TO WHICH ATTACHED AND WHETHER NOW IN GOOD STANDING AS A MEMBER:

BREIF HISTORY OF ACTIVITIES IN THE T.S.:

MENTION BRIEFLY ANY OTHER ACTIVITIES (allied movements or any other humanitarian work):

DURATION OF STAY IN ADYAR:

TERM:

DATE OF APPLICATION:

.....

APPLICANT'S
SIGNATURE

RECOMMENDED BY:

.....

RECOMMENDATION
SIGNATURE