

DRAGON MASTERY LLC

Students On The Path



Membership Application

Student Name: _____ SID# _____

Address: _____ City: _____ Zip code: _____

Date of Birth: ____ / ____ / ____ Age at Enrollment: _____

Phone Number: (____) _____ Email: _____

Emergency Contact Phone Number: (____) _____

Occupation: _____

Specific development goals _: _____

Any previous experience metaphysica or its principles Yes _____ NO _____

Explain: _____

ENROLLMENT AGREEMENT:

I do hereby voluntarily submit my application to enroll into the Dragon Mastery Program with Dragon Mastery Llc, dba: adragonspath.com. I undersand the monthly enrollment fee is on the 30 day aniversary of the original signup date. An invoice will be sent as the only notification of expiration. Payment shall be made online or to an authorized representative of the program. Enrollment is voluntary and can be cancelled at any time. Active membership is required for participation in special service, product and event discounts and other member benefits.

I fully understand that this program is designed for my personal spiritual growth and development only and in no way tries to diagnose, treat or replace any diagnosis or medical treatment suggested by a licensed medical professional. I further agree that in the event that i have any questions or concerns as to my health or well-being, I shall to seek advice through a licensed professional of my choice. I further understand that the this is an esoteric program based upon hermetic priciples and the success of my personal development requires strong mental discipline and consistant practice. I agree to hold harmless Dragon Mastery Llc, adragonspath, its instructor or any other person connected with the activities of the program.

APPLICANT'S OR LEGAL GUARDIAN'S SIGNATURE:

Date: ____ / ____ / ____

Instructor's Acceptance or Comments:
