



STUDY of ANCIENT LIFEWAYS and TECHNOLOGIES

MEMBERSHIP APPLICATION

DATE: _____

PLEASE CHECK: INDIVIDUAL _____ OR FAMILY _____

DUES PAID: INDIVIDUAL \$ _____ FAMILY \$ _____

DATE: _____

DATE: _____

NAME(S): _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

WHAT PRIMITIVE SKILLS ARE YOU MOST INTERESTED IN LEARNING ?

ARE THERE ANY SKILLS THAT YOU CAN TEACH AT THIS TIME?

BEAD REQUIREMENT SKILLS:

SKILL #1 CUTTING TOOL (discoidal blade) completed: _____

SKILL #2 CORDAGE (3 feet) completed: _____

SKILL #3 FRICTION FIRE completed: _____

SKILL #4 DECORATION (personal bead) completed: _____

I, _____, AGREE TO ABIDE BY THE CODE OF CONDUCT AND REQUIREMENTS AS STATED IN THE S.A.L.T. BY LAWS.

SIGNATURE

DATED: _____