

## APPLICATION FOR AFA EXAMINATION

I hereby apply for the AFA examination and wish to take the:

\_\_\_ *Advanced Exam*

\_\_\_ *Professional Exam* (must first pass the Advanced Exam)

\_\_\_ *Teacher Exam* (must first pass the Professional Exam)

I agree, by signing herewith, to abide by all the rules, procedures, etc. as set up by the AFA examination committee governing this exam. It is further understood and agreed that the areas throughout the country selected for this test will be regionally, based upon the number of people who register for same. The AFA reserves the right to make the final decision for each regional test location

SIGNED: \_\_\_\_\_

NAMED: \_\_\_\_\_  
(Print your name exactly as you want it to appear on your certificate)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I am currently a member of AFA ( ) YES ( ) NO

\_\_\_ Enclosed is *check or money order* in the amount of \$25.00 for a AFA members or \$50.00 for non-AFA members as the fee for this exam.

\_\_\_ Please charge the exam fee to my credit card (Visa \_\_\_ MC \_\_\_ AmEx \_\_\_ Discover \_\_\_):

CARD NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

***I understand that the exam fee is non-refundable or transferable to another date.***

Please sign the enclosed wavier and return it with your application. The waiver is a prerequisite to taking any of the examinations.

## WAIVER FOR AFA EXAMINATION

I, \_\_\_\_\_, hereby certify that in accepting the information required for this examination that I will maintain strict confidence concerning the material used in said examination. This relates to the specific material contained in the test, which is to be solely the property of the American Federation of Astrologers for the use in its educational program.

I further agree that I will not make any written, either shorthand or longhand or otherwise reproduced notes of the material issued in this examination. It is hereby also agreed and understood that the test as turned in to the American Federation Astrologers will not be returned to me.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

TYPE OF EXAMINATION:

- Advanced*
- Professional*
- Teacher*