

ASTRO*CARTO*GRAPHY LEVEL I CERTIFICATION APPLICATION

Date _____

Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone: _____ Fax: _____

E-mail address _____ Website _____

Qualifications for Level I - Professional Astro*Carto*Grapher: (Check all categories which apply/give details in spaces provided and on back of page):

___ Basic Astrological Training (list courses, teachers or details of self study)

___ A*C*G/C*C*G Training Seminar/s (attach copy of certificate of completion)

On _____ (dates), I attended ___ hours of training on _____ given by

(Teacher) _____

- On reverse side or a separate sheet of paper, give details of lectures at Professional Conferences or by Professional Astrological Organizations: (date, lecture title, speaker)
- Personal Study (List applicable books, tapes, study guides, correspondence courses)

Send application and fee to:

Karen McCauley
675 SW 126th Ave
Beaverton, OR 97005-0708

___ Enclosed is (\$120 domestic/ \$130 international) payment to cover A*C*G Level I testing fee.

I understand that this payment entitles me to one free retest next year if I am unable to pass the current Level I examination.

___ Enclosed is \$70 domestic / \$80 international for transcript from Sept. 1993 Jim Lewis Certification Workshop.

I hereby attest that the above noted training and experience accurately portray my qualifications for analyzing and explaining A*C*G maps.

Date: _____ Signature: _____