



# CHURCH OF BODY MODIFICATION

[www.uscobm.com](http://www.uscobm.com)

## MEMBERSHIP APPLICATION

Please email to: [admin@uscobm.com](mailto:admin@uscobm.com)

### MEMBER INFORMATION:

LAST NAME:  FIRST NAME:

ADDRESS:

EMAIL:  TELEPHONE:

USERNAME:  BIRTHDATE:

### Why do you want to be a member of the Church of Body Modification?

### Briefly describe how body modification has affected you spiritually.

### What ritual events have you participated in? What was your role?

By checking this box, I acknowledge and understand that this information is being collected in connection with the Church of Body Modification. This information will be held in the strictest confidence and will be used only to contact and identify its members.

By checking this box, I am giving the Church of Body Modification permission to release my contact information to CoBM members in my area and/or members planning events. If this box is left unchecked, your contact information will not be released unless written permission is obtained from the member or we are legally required to provide such information.

Date:

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