



ILLUMINATI LEGACY

MANDATORY MEMBERSHIP APPLICATION FORM

Knowledge • Vision • Transformation • Legacy

APPLICATION REQUIREMENT

Every item marked * REQUIRED must be completed before submission. If an item genuinely does not apply, enter N/A. Submission does not itself guarantee acceptance.

1. PERSONAL INFORMATION

1. Full Legal Name * REQUIRED

2. Date of Birth * REQUIRED

3. Full Residential Address * REQUIRED

4. Gender * REQUIRED

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

5. Phone Number * REQUIRED

6. Email Address * REQUIRED

7. PROFESSIONAL PHOTOGRAPH — REQUIRED

Attach a recent, clear professional photograph.

2. FAMILY & PROFESSIONAL INFORMATION

8. Wife / Spouse / Partner Full Name (N/A if not applicable) * REQUIRED

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9. Marital Status * REQUIRED

☐ Single ☐ Married ☐ Divorced ☐ Widowed

10. Number of Children * REQUIRED

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11. Profession / Occupation * REQUIRED

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12. Employer / Business * REQUIRED

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3. TELL US ALL ABOUT YOURSELF

Describe your background, education, work, interests, goals, values, achievements and anything else relevant.

13. Applicant Personal Statement * REQUIRED

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4. YOUR PURPOSE FOR APPLYING

Explain what you are seeking from the Illuminati Brotherhood, your goals and what interests you about membership.

14. What do you need or seek from the Illuminati Brotherhood? * REQUIRED

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15. How did you hear about us? * REQUIRED

☐ Website/Search ☐ Friend/Member ☐ Social Media ☐ Referral ☐ Other

16. Explain how you first heard about Illuminati Legacy. * REQUIRED

5. PREVIOUS MEMBERSHIP / APPLICATION HISTORY

Have you ever applied to, joined, or attempted to join another brotherhood, fraternal organization, society, association or similar organization?

☐ No ☐ Yes

If yes, provide the organization name, dates, status and whether you were accepted, rejected, resigned or removed.

17. Previous Organization / Brotherhood Details * REQUIRED

6. REQUIRED APPLICANT VIDEO

Video Submission:

- Record a video saying: - "I give my all and all to the Illuminati Brotherhood. I sacrifice my soul. I give in my all, and I will obey anything the Illuminati Brotherhood asks me to do. I shall not expose myself to a non-member of the Illuminati. If I do, the consequences will be faced by me."

Blood Oath

- Place your hand in the box below and use your blood to put a fingerprint on it. Record a video of this process.

- [Signature Field Below]

- By doing this, you shall follow every instruction given to you by the Illuminati without any questioning in no way.

18. Fingerprint Signature* REQUIRED

7. IDENTITY VERIFICATION

Identification Documents

DOCUMENT	ATTACHED
Passport copy	☐ Required (Send Through Email)
Driving licence copy, if applicable	☐ Required (Send Through Email)
Professional photograph	☐ Required (Send Through Email)

8. APPLICANT ACKNOWLEDGMENT

Instructions for Submission:

1. Fill out all the fields in this form.
2. Upload your professional picture, video, and identification documents.
3. Record the video as instructed and upload it.
4. Place your fingerprint in the designated box and record the process.
5. Send the completed form to Brotherhoodrecruite@illuminatilegacyorg.com.

Note: Ensure that all information provided is accurate and truthful. Failure to comply with the instructions may result in rejection of your application.

☐ I acknowledge and agree *

19. Applicant Signature * REQUIRED

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20. Date * REQUIRED

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9. SUBMISSION INSTRUCTIONS

Required application email: Brotherhoodrecuite@illuminatilegacyorg.com

Before sending identity documents, independently verify that the address and submission instructions are official and current.

10. OFFICE USE ONLY

Application Review Notes * REQUIRED

Reviewer Name * REQUIRED

Review Date * REQUIRED

Application Status * REQUIRED

☐ Received ☐ Under Review ☐ Accepted ☐ Declined ☐ More Information Required