



Holy Nation of Odin, Inc.

PO Box 10530

Colorado Springs, CO 80932-1530

APPLICATION FOR INDIVIDUAL MEMBERSHIP

1. List your full name, prison id number, and mailing address (include yard if needed):

Name	DOC	Yard	
Mailing address	City	State	Zip

2. At which facility are you located: _____

3. List the name of your institutional chaplain at the facility, (if known-phone number & email)

Name	Phone	Email
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4. How long have you been a practitioner of Ásatrú/Odinism/Wotanism? _____

5. List any kindreds that you have been associated with in the past.

6. What is being granted at your facility at this time concerning worship time/study group time?

7. Does your facility have any religious artifacts available for your use?

8. Are you given an opportunity for outdoor worship?

9. Are religious sponsors or visitors allowed at your facility?



Signature

Date

NOTE: Members of the Holy Nation of Odin, Inc. are not charged any fees or dues-however; donations of stamps, cash or artwork are warmly welcomed.



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APPLICATION FOR KINDRED MEMBERSHIP

1. What is the name of your Kindred: _____

2. At which facility is the Kindred located: _____

3. List the full name, prison id number, and mailing address (include yard if needed) of your Kindred representative:

Name	DOC	Yard
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4. List the name of your institutional chaplain at the facility, (if known-phone number & email)

Name	Phone	Email
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5. Submit a list of your kindred's members (attach additional sheet if necessary, include DOC #)

6. Submit a copy of your kindred's by-laws (attach additional sheets as necessary)

7. What is being granted at your facility at this time concerning worship time/study group time?

8. Are you given an opportunity for outdoor worship?

9. Are religious sponsors or visitors allowed at your facility?



Signature of Representative, title (if applicable) and Date

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