

Emperor/Empress Candidate Application

When completed please mail or give to the President with your application fee of \$100 to:

The Imperial Court of Arizona - PO Box 7608 Phoenix AZ 85011-7608.

Name:			
Stage Name:		(if applical	ble
Street Address:		Apt. #:	
City:	State:	Zip:	
Phone:			
Email Address:			
Date of Birth:			
Current Title or Position in the Court:			
Number of years as a member of the Court of	Arizona:		
Number of years as a member of the Internation	onal Court System:		
By my signature I certify that I am a resident c	of Arizona and am at least	21 years of age.	
Signature:	Date:		
**	T. I 1.C		

All information is kept strictly confidential by The Imperial Court of Arizona and is not given to any other agency.**