

American Board For Tarot Certification

Application for Certification

Certification Level: [] Tarot Associate (TA) Date: _____
(check one) [] Tarot Professional (TP)
[] Tarot Master (TM)
[] Tarot Educator (TE)
[] Tarot Sage (TS)

Legal Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: Home: _____ Work- optional: _____

E-mail: _____

Certifying Agent:

Name: _____

Phone: _____

E-mail: _____

Your name, as you wish it to appear on the certificate:

Amount sent: \$ _____

ABTC will send your certificate within 30 days of receipt of full payment. You will receive an e-mail acknowledging date ABTC receives said payment. It is expected that full payment be received within 60 days of this application. If not, the examination will need to be taken again. At this time, ABTC will accept payment in check form (cashiers, personal, etc. No third party checks accepted) or through PayPal only.

Applicant's Signature: _____

Please mail application and payment to:
ABTC, 5229 W. Michigan Ave., #76, Ypsilanti, MI 48197