



## MUAISA HALE PULE SHAMANIC REBIRTH APPLICATION FORM



**Complete & send to: [muaisa@yahoo.com](mailto:muaisa@yahoo.com)**

**===== Please accomplish this process before booking airfare =====**

Aloha! How wonderful that you are taking steps towards participating in our once-in-a-lifetime Shamanic 'Life Purpose' Rebirth. The intention of this form is to help us establish an understanding of who you are, and to clarify your understanding of what we are and what we do.

Muaisa Hale Pule is a church with neither walls nor religious dogma. ***In exchange for meeting certain charitable contribution thresholds, guests are offered the intangible spiritual benefit of participating in our programs and ceremonies***, none of which are sold in commercial transactions outside the donative context, and for all of which there is no charge. As an official 501(c)(3) Chapter of New Haven Native American Church (NHNAC), we do not engage in commerce and rely instead on charitable contributions and volunteerism. Like all tax-deductible contributions, gifts to Muaisa Hale Pule are not purchases in exchange for goods or services. They are non-transferable, non-refundable, charitable contributions. We appreciate your taking the time to fill in the requested information below as clearly, concisely and ***legibly*** as possible.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Permanent Home Address, including postal code and country:

\_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ mo \_\_\_\_\_ day \_\_\_\_\_ year Gender \_\_\_\_\_ Age: \_\_\_\_\_

Relationship status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Partnered ☐ Cohab

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Highest level of formal education you've completed: \_\_\_\_\_ Grade School \_\_\_\_\_ High School Graduate  
\_\_\_\_\_ College Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_ PhD/MD/JD \_\_\_\_\_ Other Degree \_\_\_\_\_

Areas of study: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Other interests: \_\_\_\_\_

\_\_\_\_\_

Keeping with Muaisa Hale Pule's focus on healing and spirituality, we require that ***all who participate in the Shamanic 'Life Purpose' Rebirth Program refrain from drinking alcohol, using recreational drugs, or utilizing tobacco in any form -- both on and off premises -- throughout the duration of their 8-day program.***

Please indicate below the dates for which you are applying. (There is no pre-set schedule. Depending upon availability on both sides of the equation, you choose your own start date.) The contribution threshold for invitation into this program is \$2,250 US. This grants you participation in 5 one-on-one sessions with Shaman, which includes one all-day eco-adventure + a certification ceremony and the filing and processing of 2 NHNAC Healer / Medicine Woman / Medicine Man certificates.

Dates: \_\_\_\_\_ to \_\_\_\_\_ ***(Choose any Wednesday through Wednesday with at least one day added before and after for trans-Pacific travel where necessary.)***

Alternate dates choice (if reservation has not yet been confirmed) \_\_\_\_\_ to \_\_\_\_\_

Are you planning on having access to a vehicle during your stay? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Undecided

Where on the Kona Coast are you planning to stay? \_\_\_\_\_

[ ] Please check here if you would like us to send you our list of handy, nearby accommodations.

***For the sake of the intangible, personal benefits offered in this program, it is recommended that if there are other seminars, trainings, or workshops you plan to attend while in Hawaii, you arrange for Muaisa Hale Pule to be your “final stop.”***

#### **NHNAC HEALER/MEDICINE WOMAN/MEDICINE MAN CERTIFICATION:**

In order to become certified as a NHNAC Healer/Medicine Woman or Medicine Man in conjunction with this program, you will need to place yourself in one or more of the categories below. Please check the category or categories with which you most closely resonate, and explain your choice(s) in the space provided following that

- [ ] As a Healer of people or animals. These are Medicine Women and Men whose focus is in relieving the suffering of people or animals.
- [ ] As a Healer of the family unit. These are Medicine Women and Men who focus their ceremonial healing in family issues and in healing the values of family life.
- [ ] As a Healer of the community. These are Medicine Women and Men whose focus is more toward building up the Chapters of New Haven Native American Church, Communities, and so forth.
- [ ] As a Healer of Society. These are Medicine Women and Men who focus on repairing social systems or situations.
- [ ] As a Healer of the Planet. These are Medicine Women and Men whose focus is on restoring sustainable care of our Earth Mother and on educating others in the responsible use of her resources.

Please explain your choice(s) above and tell us a bit about yourself (i.e., what's going on in your life, why you feel drawn to participate with us at this time, and etc.) Attach additional pages if necessary.

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If you have an online presence (website or social media), kindly provide us with the http address(es):

Website: \_\_\_\_\_

Facebook:: \_\_\_\_\_

Linkedin: \_\_\_\_\_

Instagram: \_\_\_\_\_

Other: \_\_\_\_\_

Muaisa Hale Pule cannot be held responsible for accidental damages or injuries caused by actions contrary to its stated policies. By signing your name below, you attest that you understand and agree to all the conditions expressed in this form, and that to the best of your ability, you have truthfully provided the information requested. With this you also give Muaisa Hale Pule permission to verify all statements contained herein, and you understand that the omission or misrepresentation of any fact(s) in this form may be cause for dismissal without recourse.

Should you cancel your place in a program or event with us, your application form will be kept in reserve for up to one year, during which time you will be welcome to attend at a later date. If you cancel due to serious illness or family emergency, and visiting Muaisa Hale Pule at a later date becomes impossible, you may submit the specifics of your case along with proper, hard-copy, documentation to our Board of Officers for review on an individual basis.

**REFUND POLICY:** Please be clear in submitting your charitable contribution to us. According to the Internal Revenue Code (IRC), Muaisa Hale Pule is a 501(c)(3) church. Charitable Contribution Tax Law requires that gifts made to us be **non-refundable; they are not purchases nor are they in exchange for goods or services**. All charitable contributions are only for the intangible, spiritual benefit of giving and of being granted attendance in our programs which are offered at no charge.

***I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THIS AGREEMENT; I SIGN IT NOW VOLUNTARILY.*** By agreeing to the terms above, I understand that this is a binding document, and that my electronically signing and submitting it legally binds me in the same manner as if I had signed a non-electronic form.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### **KINDLY RETURN YOUR COMPLETED APPLICATION FORM AS FOLLOWS:**

1. Read, complete and sign the pages above by either printing out the pages and completing them by hand, or by copying and pasting the form into Word, Pages, Libreoffice, or etc., and keyboarding in your responses. Mac users are generally able to fill out the form online.
2. Scan (jpeg or pdf) your **completed form** in its entirety along with any/all additional pages. If you are without software for completing this online, or if you do not have the means for downloading, scanning and sending the pages to us via email, you may want to click through to the website **FREE PDF SERVICES** where you can convert these pages free of charge into a Word document. At that point, you can then complete the form and email it to us as an attachment.
3. Take an in-the-moment **selfie** (head and shoulders) with eyes exposed, no glasses, looking directly into the camera lens. Email it along with your **application form, a scan of your State or Federal photo ID** (passport, driver's license, etc.) and **proof of current health insurance coverage** to [muaisa@yahoo.com](mailto:muaisa@yahoo.com). If you don't have health insurance, we recommend an all-inclusive, travel policy from <https://www.volunteercard.com/compareplans/>, starting at \$30 with no deductible or age limit.

4. If you have not yet met the **charitable contribution threshold** for participation in this program, you may do so by way of PayPal, Venmo or bank wire transfer via the instructions on page 7.

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**PLEASE COMPLETE THE FOLLOWING SECTION ONLY IF YOU WISH TO JOIN US AS WELL  
FOR ONE OR MORE SUNDAY EVENING "HAWAIIKA" SACRED PLANT CEREMONIES**

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"Hawaiiaka" Sacred Plant Ceremonies are held every Sunday evening. The charitable contribution threshold for joining us is \$375 US. You can include ceremonies on the 2 Sundays that "bookend" your program and/or you can include a ceremony on the Sunday evening in the midst of your program.

What Sunday date(s) do you care to join us for ceremony? \_\_\_\_\_

### MEDICAL INFORMATION

The sacred plants we use are psychoactive entheogens (literally: "becoming divine within"). They are non-addictive and do not interfere with "mental clarity." As with pharmacologically active substances, however, they are **not for everyone**. Most people can use these plants safely in the provided amounts. Nevertheless, participants should be well informed of any potential risks.

**CAUTION:** Because the plants we use are 100% natural (as opposed to chemical compounds that can be patented for profit), very little scientific research has been performed on their attributes. It is, however, generally accepted that the psychoactive compounds in these sacred plants can interact with the conditions and prescription medications listed as follows.

PLEASE DO NOT RUSH INTO USING THESE PLANT SACRAMENTS without telling us if you are:

- ☐ Pregnant or breastfeeding,
- ☐ Subject to liver disease or an existing liver condition,
- ☐ Having surgery in 3-4 days after use (to insure that there is no interaction with the anesthesia),
- ☐ Under 18 years of age. (All under age 21 must provide notarized, written parental consent.)

Moreover, any of the following medications must be disclosed in Section 4 below as we will want to speak with you directly, and you may be required to sign a medication-specific waiver for any prescribed medications you are taking on the day of ceremony:

- Medications used to treat Parkinson's disease
- Antiretroviral medicines used to treat HIV/AIDS
- Prescription monoamine oxidase inhibitors (MAOIs)
- Benzodiazepines and/or barbiturates that treat anxiety
- Antidepressants, antipsychotics, diet pills, sleep aids, cardiovascular and/or anti-anxiety meds

It is important for you to be aware that the list of **potentially** contraindicated substances includes, but is not limited to, SSRIs, Demerol, cold medication, decongestants, sinus medication, nasal sprays, hay fever medications, diet pills, amphetamines, MDMA (ecstasy), cocaine, heroin, opioids, kratom, marijuana and crack. If you have been using any recreational substances or any medical, legal, illegal, over-the-counter, street drugs or cannabis, please advise us prior to attending ceremony; so that we may discuss the details with you if necessary.

People who are suffering from conditions like heart problems, or are susceptible to anxiety, depression or panic attacks, need to be cautious about our sacred brew. Please answer the questions below as completely and honestly as possible. Your responses will remain strictly confidential.

1. Do you suffer from or have a past/current history of any of the conditions listed below?

Please circle all that apply:

- Yes No Recent surgery or surgery scheduled in the near future; please give date(s) \_\_\_\_\_
- Yes No High Blood Pressure / Low Blood Pressure / Hypertension / Tachycardia
- Yes No Cardiovascular disease, including a history of heart attacks
- Yes No Past or recent physical injuries, fractures or dislocations
- Yes No Recent or current infectious or communicable diseases
- Yes No Mental illness / Hospitalizations for psychiatric reasons
- Yes No Diabetes (Type 1 or 2)
- Yes No Retinal detachment
- Yes No Glaucoma
- Yes No Addiction
- Yes No Epilepsy
- Yes No Asthma
- Yes No Other– Including symptoms which affect:
- Yes No Skin
- Yes No Back
- Yes No Lungs
- Yes No Circulation
- Yes No Head / neck
- Yes No Chest / heart
- Yes No Ability to sleep
- Yes No Bladder or kidneys
- Yes No Eyes, ears, nose or throat
- Yes No Stomach / intestines / bowels / digestion

2. Please elaborate with dates on any yes answers above, and tell us if there is anything about any specific symptoms, disabilities, medical conditions or anything else about your physical or emotional health that we should be aware of. (Attach additional pages if necessary):

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3. Have you ever been hospitalized for medical OR psychiatric reasons? (Please elaborate with date and attach additional pages if necessary):

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4. Please list (**print clearly**) all prescribed or over-the-counter medications -- including dosage and frequency -- that you are taking or have taken in the past 12 months. **\*\*Note: If you are taking any prescription medications that may or may not interfere with the metabolism of the brew and vice versa, we will ask you before ceremony to sign an additional waiver stating that you have been advised to discuss any questions you may have with your treating physician, and that you are aware no one on premises is a medical doctor.\*\***

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5. List (**print clearly**) any recreational substances -- i.e alcohol, opioids, tobacco, THC, etc. -- that you have taken over the past 12 months. Include amount and frequency of use. **\*\*Note: It is important that you provide an accurate and detailed list of all substances, as they and the ceremonial plants can dramatically agonize the effects of each other to the point of being contraindicated.\*\***

**Substance:**

**Frequency:**

[ ]	_____
[ ]	_____
[ ]	_____
[ ]	_____

7. List any allergies and elaborate. Be advised that there are **cats** and free-range **chickens** on property, we are surrounded by **jungle, mold** and **pollen**, and we burn **incense** during ceremony. By signing this form and applying to participate with us, you acknowledge that you have read this information, that you are solely in charge of and responsible for your own health and wellbeing, and that you take full responsibility to guard against any possible allergic reaction(s) you may have while on property without holding Muaisa Hale Pule or anyone other than yourself responsible in any way.

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### **SUBMISSION REMINDERS:**

1. Read, complete and sign the pages above.

2. Scan (jpeg or pdf) your **completed form** in its entirety along with any/all additional pages. If you are without software for completing this online, or if you do not have the means for downloading, scanning and sending the pages to us via email, you may want to click through to the website [\*\*FREE PDF SERVICES\*\*](#) where you can convert these pages free of charge into a Word document. At that point, you can then complete the form and email it to us as an attachment.

3. Take an in-the-moment **selfie** (head and shoulders) with eyes exposed, no glasses, looking directly into the camera lens. Email it along with your **application form, a scan of your State or Federal photo ID** (passport, driver's license, etc.) and **proof of current health insurance coverage** to [muaisa@yahoo.com](mailto:muaisa@yahoo.com). If you don't have health insurance, we recommend an all-inclusive, travel policy from <https://www.volunteercard.com/compareplans/>, starting at \$30 with no deductible or age limit.

# SUBMIT YOUR 501(c)(3) TAX-DEDUCTIBLE “FRIENDS AND FAMILY” CHARITABLE CONTRIBUTION

***Please be clear in your intent. Muaisa Hale Pule is a church  
and does not accept payments in exchange for items or services.***

***Charitable Contributions are governed by Charitable Contributions Tax Law  
and are NON-TRANSFERABLE and NON-REFUNDABLE.***



## 1. Via Zelle:

- Use **Zelle** to send your charitable contribution to **MUAISA** at email address **[muaisa@yahoo.com](mailto:muaisa@yahoo.com)**
- Your monies will transfer from “Zelle personal” (JOANN) to our 501(c)3 account, and we will send you a tax-deductible charitable contribution receipt accordingly.




## 2. Via Venmo:

- Sign in, or create a **Venmo** account.
- Find our name and logo on **Venmo** at **<https://account.venmo.com/u/muaisa>**
- Add **@muaisa** or **[muaisa@yahoo.com](mailto:muaisa@yahoo.com)** to your Venmo recipient list.
- Input the **amount** you wish to send.
- The last four digits of the associated phone # are **7210**.
- If you want to add a note, it is best to **mention just your date(s)**; we will coordinate from there.
- **Check the details of your transaction**, tap the ‘Pay’ button, and confirm the transaction.



## 3. Via *Paypal.com* or *Paypal.me*

- Use your pre-existing **PayPal.com** account, and send money via “Friends and Family” to **[muaisahalepule@yahoo.com](mailto:muaisahalepule@yahoo.com)**
- Otherwise, go to **[www.paypal.me/giftingfund](http://www.paypal.me/giftingfund)** and log in or sign-up for a **PayPal.me** account.
- Click on **Send** and enter the amount you are sending.
- If the screen says "Paying for an item or service," click **Change** and select “**Sending to a Friend.**”

 Paying for an item or service

**Change**



Sending to a friend

No fee to use bank or balance to send to  
friends and family in the U.S.

**WARNING: If you send us money via "Goods & Services" rather than "Friends & Family," we will have to refund the transaction and start all over again, leaving you with the possibility of paying an extra 4.5% in PayPal transaction fees on the refunded payment.**



#### *4. Via Bank Wire Transfer:*

A bank-to-bank wire transfer is an electronic payment you initiate either through your online bank account, or in person at your local bank branch or financial institution. Transfer fees vary from bank to bank and can range from ZERO to as much as \$50 US,

***Be sure to allow for a minimum of 5-7 days advanced planning for processing.***

International bank transfers may take a week to 10 days to complete.

Below is the required information that you will generally need for a bank transfer.



**Routing Number for Domestic Wires**

121301028

**International Wires (SWIFT Code)**

BOHIUS77

**Receiving Bank**

Bank of Hawaii / Kealahou Branch

**Receiving Bank Address**

81-6638 Hawaii Belt Rd, Kealahou, HI 96750

**Receiving Bank Phone**

+1-808-322-9377

**Recipient / Beneficiary Name**

New Haven Native American Church, Inc.

**Recipient / Beneficiary Address**

81-990 Haleki'i St #2334, Kealahou, HI 96750

**Recipient Account Number**

0083-470844

#### *5. In Person at any Bank of Hawaii:*

If you are physically in Hawaii at the time of making your charitable contribution, you can walk into the lobby during business hours at any Bank of Hawaii location – on any of the islands – and use cash, a credit card, or any other method of transaction to make a deposit via a teller window. Just show the teller the account information above and you'll be good to go.





Due in part to the growing interest in shamanism over the past number of years, Muaisa Hale Pule has been targeted online by an emotionally-destabilized individual who came to Hawaii to volunteer for us in 2015. Within a matter of days of his being on property, he became violent and was asked to leave.

Ever since then, this person has obsessed on cyber-stalking and bullying us. Assisted by his girlfriend ('clearriverofspirit'), whom we have never met, he impersonates us, posts harassing videos and fraudulent reviews of us, references back and forward

between these various reviews to promote his hogwash, and uses free iPhone software to spoof our Caller ID and misrepresent himself as us in a campaign of telephoning random, potential guests in the shamanic and sacred plant ceremony communities, spewing offensive language..

Although we have been granted a Protective Order, issued by the District Court of the Third Circuit in Hawaii against this person, when infractions of this nature take place across State lines and involve the Internet, there is little that either local law enforcement and/or the FCC can do -- or are willing to do --to curtail or prevent this from occurring.

Please be extremely cautious of all third party videos and defamatory reviews you may find of us online, and double check any questionable claims and/or one-star rants you may read or unusual phone calls you may receive from a Caller ID displaying our name and phone number. The only legitimate person making telephone calls from our phone number is Dr. ZZ, and she makes a practice of not telephoning anyone who doesn't first contact us requesting information.

Kindly report to us any suspicious websites or reviews you come across using our name and/or any suspicious phone calls you may receive from someone claiming to be us. If you are not sure, please telephone us immediately at +1-808-323-3238.



*If you have any questions, please reach out.  
We look forward to having you join us soon!*

#### CONTACT INFO

Post: Muaisa Hale Pule  
81- 990 Halekii Street, #2334  
Kealakekua, HI 96750

Email: [muaisa@yahoo.com](mailto:muaisa@yahoo.com)

Website: [www.muaisa.org](http://www.muaisa.org)

Phone: +1 808 323 3238, Hawaiian Time