



AFFILIATE REGISTRATION FORM



SUB BRANCH: _____ DATE: _____

PERSONAL PARTICULARS	FEE SCHEDULE				
	CAPITATION \$5	M'SHIP CARD \$5	BADGE \$5	LISTENING POST \$20	AMOUNT PAYABLE
NAME:	$\$5.00 + \quad + \quad + \quad =$				
ADDRESS:					
P/C:					
TEL:					
EMAIL:					
NAME:	$\$5.00 + \quad + \quad + \quad =$				
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