APPLICATION FOR MEMBERSHIP

(Please print clearly in block letters)

I hereby apply for enrolment as a member of
THE SCHOOL OF TRUTH

NAME _____
(State Mr, Mrs, Miss, Ms, etc.)

Date of birth or I.D. number _____

ADDRESS _____

_____

_____(Code) _____

E-mail address: _____

I understand that membership entitles me to receive all services rendered by The School of Truth and neither limits nor prevents my membership of any other organisation.

Please place my name on your mailing list for regular receipt of THE PATH OF TRUTH.

SIGNATURE _____ DATE _____

Please sign this form and return it in an envelope addressed to:

THE SCHOOL OF TRUTH
P.O. BOX 62549
MARSHALLTOWN 2107
REPUBLIC OF SOUTH AFRICA

or e-mail us:
pathoftruth@mweb.co.za