



INTERNATIONAL ASSOCIATION OF WORLD PEACE ADVOCATES

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MEMBERSHIP FORM

Full Name:

Address:

Country: City: Province:

Phone Number: Email:

Date of Birth: Gender: Male Female

Nationality: Industry: Occupation:

What Are You Good At?

What Are Your Reasons For Wanting To Be An Iawpa Member?

How Did You Hear About Us

Abailability Per Week: Per Month:

Membership Fee:

Signature: _____

Date: _____

