



# 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

Availability Per Week:

Per Month:

Membership Fee:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

