



WJKA South Africa



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**To become a individual member of WJKA South Africa
please fill out the following application form:**

First Family Name	<input type="text"/>		
			M / F
First Given Name	<input type="text"/>		
Address	<input type="text"/>		
PC	<input type="text"/>		
Place	<input type="text"/>		
Date of Birth	<input type="text"/>		
Present Grade	<input type="text"/>	Date	<input type="text"/> <i>send copy</i>
License	<input type="text"/>	Date	<input type="text"/> <i>send copy</i>
Phone nr	<input type="text"/>		
E-mail	<input type="text"/>		
Website	<input type="text"/>		

- **You will receive an invoice with the total amount & payment details after we received the form**

Signature: