

MEMBERSHIP ENROLMENT FORM

ILLUMINATED PATH SOCIETY (ILLUPATH)

PO Box 27846
Yeoville 2143
Johannesburg R.S.A.

A Medicating fraternal Prayer circle

A sensible and result producing approach to true and Permanent
Prosperity, Spiritual awareness, Improved Mental Abilities

Peace of Mind and Emotional Maturity, Responsible Behaviour, Health and Vitality, Harmonies and
Supportive Relationship

1. **Name: (Mr. Miss/Mrs)**

(Surname first)

2. **Your Postal Address**.....

Your residential address.....

Occupation.....**Tel H**.....**Tel W**.....

Educational Qualifications

3. **State of Origin**.....

4. **Marital status (married.....) if married; state number of children or
Dependants**.....

**If you are registering under family membership, please photocopy and fill in the names of your
family member in a separate sheet,**

5. **Name other society you belong to**

6. **Write a list of your hopes and dreams. Your major goals, if you know what you need, write
them be honest.**

7.

8.

9.

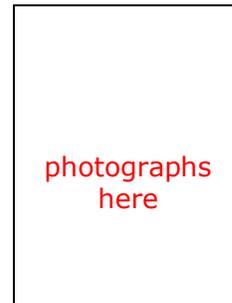
10. **What is your major
weakness**.....

.....

.....

11. **Hobbies**.....

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**N.B: IF YOU WERE A FORMER MEMBER; please quote your former membership
No:..... if my application for membership is approved, I promise to abide for the
rules and regulation of the society.**

Date..... Signature here.....Please sign again here.....

AMOUNT ENCLOSED \$.....

A WONDERFUL TEMPLE OF LOVE, LIFE, a miracle and mysticism

**N.B. This application form must be accompanied by an enrolment fee of \$50.00 the fee could be made out
payable to Jaffa Agency. REMIT INTO JAFFA AGENCY ACCOUNT. Also include two passports photographs
in the space above.**

BANK DETAILS

Account NAME: JAFFA AGENCY

BANK NAME : STANDARD BANK – SOUTH AFRICA

Account Number:002136872

BRANCH CODE: 004605

SWIFT CODE: SBZAJJ

Please Photo Copy and Pass to Your other Friends.

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E-mail: info@lordjaffa.com