



CORRESPONDENCE COURSE

REGISTRATION FORM

Please print in capital block letters the information below:

First Name & Surname: _____

Phone: (_____) _____

Postal Address: *(Physical address required for courier delivery)*

E-mail Address: _____

Date of Birth (DD/MM/YYYY): _____

Module name (master set): _____

Postage Method: Courier Post Office

(Physical address & mobile number required for courier delivery)

Signature: _____ Date: _____

Once you have completed the form, please return to us with a recent photo attached e-mail it to: charis@awmsa.net, or post it to PO Box 5429, Tyger Valley, 7550

Kindly do not make payment until you have received an invoice with the full price including postage and packaging.