



Applicatoin Form



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Name:	
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Address:	
tel #:	
Mail:	
Member of : □ RDAJ □ None □ Others ()	
Activity Group (Name of the uit):	
RDACertification:	
☐ Instructor ☐ Assistant Instructor	
\square Helper \square Advisor \square None	

- · Note:
- You will be receiving confirmation mail and payment instruction once your reservation is confirmed. Please submit your payment after you receive confirmation mail.
- · Please note that no refund once you submit your payment

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