



v

v

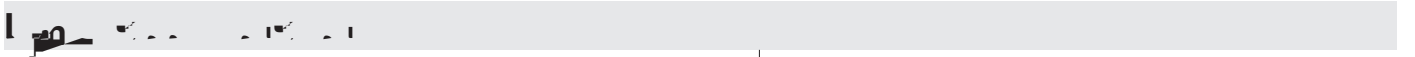
v

.)

.( :

v

,  
v .



--	--

A

--	--	--

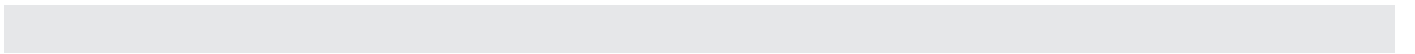
<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--



Are you completing this form for the member? If yes, please give your name and phone number below:

What is your relationship to the member?

- v  A



--	--



..... : D :

v ,

,

,

v ,

v

.

.

B .....