

COLLEGE OF ANCIENT WISDOMS

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Principal:

ANNE - ELISABETH (F.A.A. Dip.)

ENROLMENT FORM FOR LEARNING ASTROLOGY COURSE

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE
NUMBER: _____

EMAIL
ADDRESS _____

YOUR BIRTH DETAILS

DATE OF BIRTH: _____

TIME OF BIRTH (if known) _____ AM/PM

PLACE OF BIRTH (City &
Country) _____

CASH. EFTPOS. DIRECT DEBIT. MONEY ORDER OR CREDIT CARD WELCOME

Please charge to my: Mastercard Visa

CREDIT CARD
NUMBER _____

Expiry Date _____

SIGNATURE _____