

# Report

## The Divine Being Project

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ M / F  
(Optional) (Circle one)

If applicable: Byakko membership number: \_\_\_\_\_  
Satellite member (name of your group):  
\_\_\_\_\_

**Starting Date:**

\_\_\_\_\_  
(dd/mm/yy)

**Completion Date:**

\_\_\_\_\_  
(dd/mm/yy)

1. WARE SOKU KAMI NARI  
PICTURE

2. JINRUI SOKU KAMI NARI  
PICTURE