

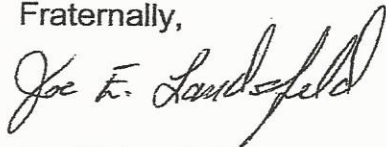
**KJT Society #35 Ennis, TX  
Joe Landsfeld, Sales Rep  
6547 FM 879  
Ennis, TX 75119  
972-875-5443 (Hm)**

Applicant or Parent:

I will need the following info to complete the KJT application:

1. Full name and address;
2. Date of birth;
3. Social security number;
4. City and State of birth;
5. Height now;
6. Weight now;
7. Home phone number; and
8. Name, address and phone number of physician, date last consulted, reason, treatment received, result.

Fraternally,



Joe E. Landsfeld

KJT/JL/jk

Email information to [joelandsfeld@yahoo.com](mailto:joelandsfeld@yahoo.com)