



# Shoshin Ryu Yudanshakai

## Membership form

Please check one: \_\_\_\_\_ New member \_\_\_\_\_ Renewal \_\_\_\_\_ Date \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex: M / F Phone(s) \_\_\_\_\_

e-mail address \_\_\_\_\_ Dojo affiliation \_\_\_\_\_

Instructor \_\_\_\_\_ Your current rank \_\_\_\_\_

Dues/ fees: \$25.00 per year. Membership dues include mandatory liability and supplemental medical insurance. Membership is for the current calendar year from January through December 31.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental consent if under 18 years \_\_\_\_\_

Mail to: **Shoshin Ryu Yudanshakai**  
**C/O Prof. Kevin Dalrymple**  
**5547 E. San Juan Dr.**  
**Orange, CA 92869**

Phone: 714 - 538 - 4622

Please enclose your check payable to Shoshin Ryu Yudanshakai

For more information, visit us at [www.Shoshinryu.com](http://www.Shoshinryu.com)