



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 are per year. Membership dues include mandatory liability and supplemental medical insurance. Memberships are for the current calendar year from January through December 31.

_____ \$25.00 Child General Membership Dues (17yrs & under)

_____ \$30.00 Adult General Membership Dues (18yrs & older)

_____ \$40.00 Black Belt Membership Dues

Signature _____ Date _____

Parental consent if under 18 years _____

Mail to: **SRY Membership**
26621 Brandon.
Mission Viejo, CA 92692

Please enclose your check payable to: **Shoshin Ryu Yudanshakai**

For more information, visit us at www.Shoshinryu.com