



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 for children, \$30.00 per year for adult kyu ranks, and \$40.00 for dan ranks. Membership dues include mandatory liability and supplemental medical insurance. Membership is for the current calendar year from January 1 through December 31.

Signature _____ Date _____

Parental consent if under 18 years _____

Mail to: **SRY Membership**
13033 Glasgow Place
Hawthorne, CA 90250

Please enclose your check payable to Shoshin Ryu