

United Southern Isshinryu Karate

Membership Registration

\$35 Membership Fee

Checks should be made out to:

CIA

153 Lark Field Dr.

Weddington, NC 28173

Applicant's Name					
		(Last)		(First)	
Date of Birth:		Age:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			City:	ST	Zip
Primary Phone:				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Do you have any physical limitations or other conditions, which may limit or restrict the types or amounts of activities which you may engage? Any other conditions which we should be aware of which may pose a danger to yourself, instructor or other students?					
Have you ever participated or study any Martial Arts? If so, please explain: Style, rank, school, teacher and reason for leaving.					
Please state your rank, date of promotion and the senior instructor's name on your promotion certificate.					
Applicant Signature				Date	

Print Name

Current Rank