

Pwang Gai Noon Ryu Karate Dou Seibu Juku

Saikoh-Shihan Mikio Nishiuchi, President

Chief Instructor: Shihan Mary Bolz

New Member Application

For Individual members

For Official Use Only:	
Amount Paid _____	Date Paid _____
Check # _____	Cash _____

PASTE YOUR PHOTO HERE

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PLEASE PRINT NEATLY AND CLEARLY!

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MEMBERSHIP NUMBER

YOUR NAME _____ DATE OF BIRTH _____

MO./DAY/YEAR

YOUR HOME ADDRESS (Street) _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

HOME PHONE #(_____) _____ WORK # (_____) _____

Fax Number: _____ e-mail address: _____

Voice mail number: _____ optional number _____

YOUR MARTIAL ART SCHOOL'S NAME _____

YOUR MARTIAL ART SCHOOL'S ADDRESS _____

STREET

CITY

STATE

ZIP

YOUR MARTIAL ART SCHOOL'S PHONE NUMBER _____

LENGTH OF TIME YOU'VE BEEN INVOLVED IN MARTIAL ARTS _____

NAME OF STYLE _____ RANK _____

YOUR MARTIAL ARTS INSTRUCTOR'S NAME _____

YOUR KARATE INSTRUCTOR'S NAME _____

- (1) The above information is correct and truthful to the best of my knowledge.
- (2) I have submitted the enrollment fee and the first annual individual membership fee with this application.
- (3) I hereby release Shihan Mikio Nishiuchi, Shihan Bolz, his/her assistant (s), and all other instructors of the Association from all rights and claims for any damages, injuries, or illnesses suffered by me as a result of any training techniques learned from the Pang Gai Noon Ryu Karate Dou Federation.
- (4) I understand that the enrollment fee and the annual individual membership fee is **nonrefundable with no exception.**
- (5) I understand the Pang Gai Noon Ryu Federation has the right to revoke my membership at any time for what it considers due cause.
- (6) I understand fully all obligations and benefits of the Pang Gai Noon Ryu Federation and pledge my loyalty to meet its standards and to promote it.

DATE _____ SIGNATURE _____

(If under 18, parent must sign)