



~ 2010 ~
"ALLIANCE"
REGISTRATION FORM



P.O. BOX 335 CENTERVILLE, INDIANA 47330 (USA)
Phone: 1-937-678-4435 E-Mail: usnmat@hotmail.com
Web Site: www.usnmat.net

(PLEASE Print/Type LEGIBLY)

All New Registration Members will Receive:

- * Diploma
- * Patch to Wear Proudly
- * Registration Card

PLEASE SEND TO:

Alliance
P.O. Box 335
Centerville, Indiana 47330

You're required to send: \$40.00 Annual Dues \$100.00 Life Time Member Dues

~ Please Check One ~

New Member Renewal Life Time Member

And Filled Out Form Below

NAME: _____ AGE: _____ M/F: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PH#: _____ CELL PH#: _____

E-MAIL: _____

Name of "Alliance" Representative who encouraged you to join: _____

How long have you trained in the Martial Arts?: _____

(Use Reverse Side If Needed) - Give History and brief Bio

Martial Arts School you represent?: _____

Address: _____ City: _____ ST: _____ Zip: _____ Ph#: _____

Your Rank: _____ Instructors Name: _____

Your Occupation: _____

Eye Color: _____ Weight: _____ Hobbies: _____

Handicapped/Medical Attention Advised? (If so please explain) _____

_____/_____/_____
Your signature date parent/guardian (if under 18)

OFFICE USE ONLY	
ACCEPTED _____	DATE _____
ID# _____	
CATAGORY: <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	