



~2008~

"ALLIANCE" REGISTRATION FORM



P.O. Box 335 Centerville, Indiana 47330 (U.S.A.)

Phone: 937-678-4435 **E-Mail:** usnmat@hotmail.com

Web: 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: \$30.00 Annual Dues
\$75.00 Life Time
Fill Out Below Forms

~Please Check~

____ Renewal

____ New Member

NAME: _____ AGE: _____ M/F: _____

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

HOME PH# _____ CELL PH# _____

EMAIL: _____

Name of 'Alliance' Representative who encouraged to join (if any) _____

How long you've 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 explain) _____

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

OFFICE USE ONLY

ACCEPTED _____ DATE _____

ID# _____

CATAGORY: ___1___2___3