



# North American San Shin Kai

## Membership Application/Profile

Date \_\_\_\_\_ Membership # \_\_\_\_\_ **Circle one: NEW RENEWAL**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Training Start Date \_\_\_\_\_ Current Rank \_\_\_\_\_

Dojo Name \_\_\_\_\_

Dojo Address \_\_\_\_\_

Dojo City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Instructor(s) \_\_\_\_\_ Check if **you** are a dojo leader: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Health Issues** – Temporary or permanent that could be affected by strenuous physical training. Always check with your doctor before beginning a course of rigorous activity. ***This item may not be left blank.*** If you have no health problems, write “NONE”.

Annual Dues: \$50 per year.

If paying for multiple years, please indicate specific years in memo. Please make checks payable to: “**San Shin Kai**”

Mail to: **North American San Shin Kai**  
**P.O. Box 132**  
**Boylston, MA 01505-0132**