

**AMERICAN ISSHINRYU, INC.**  
**(A New Jersey Non-Profit Corporation)**  
**Membership Application**

1. Name: \_\_\_\_\_

2. What type of membership are you applying for?

( ) Dojo

( ) Individual

\$100 Yearly Dojo Dues    \$20 Yearly Individual Sensei Dues    \$10 Yearly Student Dues

2a. If you are applying for Individual Membership, are you affiliated in any way with a dojo? \_\_\_\_\_. If yes, what is the name of the dojo? \_\_\_\_\_.

3. Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3a. Dojo Address: \_\_\_\_\_

\_\_\_\_\_

Dojo Telephone Number: \_\_\_\_\_

3b. If you are applying for Dojo membership, how many students does your dojo have?

Adult Students \_\_\_\_\_

Junior Students \_\_\_\_\_

Total dojo members including instructors \_\_\_\_\_

4. What type of martial arts do you study? \_\_\_\_\_

5. How many years have you been studying martial arts? \_\_\_\_\_

6. What is your current rank? \_\_\_\_\_. Who awarded you this rank?

\_\_\_\_\_. Attach hereto a copy of your most recent rank certificate.

7. If you are applying for Dojo Membership, do you have insurance that covers your dojo and its members, instructors, students and/or guests? \_\_\_\_\_. If yes, provide the name of your insurance company, policy number, policy period, limits of insurance and coverages provided. (American Isshinryu, Inc. requires that all dojos have appropriate insurance coverage)

7a. If you are applying for Individual Membership, do you have insurance that covers you such as homeowners insurance, renters insurance or health insurance? \_\_\_\_\_ . If yes, provide the name of your insurance company, policy number, policy period, limits of insurance and coverages provided. (American Isshinryu, Inc. requires that all individuals have appropriate insurance coverage)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Provide 3 references below which we can contact with regard to your possible membership to American Isshinryu, Inc.

Name	Telephone #	Years Known
	( )	
	( )	
	( )	

9. Please describe below, in detail, what your expectations are of American Isshinryu, Inc.

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that any statements found to be willfully false may subject me to penalties.

BY: \_\_\_\_\_

Date:

If the applicant is a minor, indicate the applicant's age next to the their signature and have a parent or guardian sign below on their behalf.

BY: \_\_\_\_\_

Date:

Parent/Guardian

For Administrative Use Only

Application Approved ( )

Registration # \_\_\_\_\_

Application Denied ( )

Reason for denial: \_\_\_\_\_

BY: \_\_\_\_\_

Date: