



Ryushin Shouchi Ryu

Membership Application Form

Date: _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street)

(City) (State/Province) (Postal Code) (Country)

Phone: _____ E-Mail: _____

Date of Birth: _____ Gender: Male / Female

Previous Martial Arts Experience: _____
(i.e. Art, Years of Study & Rank)

Present RSR Rank: _____ Date Received: _____
(if applicable)

Place of Practice: _____ How many times a week: _____

Signature of Applicant: _____ Date: _____

Signature of Applicant's Instructor: _____ Date: _____

Print Name of Applicant's Instructor: _____