



# 柳心照智流

## RYUSHIN SHOUCHI RYU

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### MEMBERSHIP APPLICATION FORM

ATTACH  
PHOTO  
HERE

Please type or print carefully. Send the completed application form and attach current portrait photo.  
Your latest ranking and other relevant documents to the RSR Regional Representative.  
The contact information can be found on [ryushinshouchiryu.com](http://ryushinshouchiryu.com)

#### CONTACT INFORMATION

NAME		DATE OF BIRTH		M / F	
ADDRESS					
		COUNTRY			
NATIONALITY		EMAIL		PHONE	

#### EDUCATION & PROFESSIONAL BACKGROUND

EDUCATION RECEIVED					
OCCUPATION		YEARS IN PROFESSION			

#### MARTIAL ARTS BACKGROUND

TOTAL YEARS OF STUDY		MEMBER OF CLUB / DOJO			
PRIMARY STYLE(S)					
NAME OF INSTRUCTOR					
CURRENT RANK(S) & ISSUING ORGANIZATION(S)					

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge,

APPLICANT'S SIGNATURE		DATE			
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**OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION**

APPLICATION REVIEWED BY		DATE			
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