



# 柳心照智流

## RYUSHIN SHOUCHI RYU

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### MEMBERSHIP APPLICATION FORM

ATTACH  
PHOTO  
HERE

Please type or print carefully. Forward the completed application form, 4 recent passport size photos, copies of your most recent certificate(s) of rank and any other relevant documents to the regional RSR representative.  
See Contact Info at [ryushinshouchiryu.org](http://ryushinshouchiryu.org)

#### 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)					
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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