



Sei Kosho Shorei Kai International

Membership Application

New Student Membership Black Belt Membership
Renual One Year - \$29 One Year - \$39

Your Personal Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

Rank: _____ Years studied: _____

Your School Information

Instructor's name: _____

School name: _____

Address: _____

Phone: _____ E-mail: _____

Web site address: _____

Signature: _____