



WESTSIDE KENDO DOJO
MEMBERSHIP REGISTRATION

Upon completing and signing this form, I agree to abide by all rules and regulations of **Westside Kendo Dojo**.

I understand that I may resign from my membership from **Westside Kendo Dojo** at any time, provided that all financial indebtedness/obligations have been paid/met in full. I further understand that my resignation shall be submitted in writing to the Board of Directors and /or Head Instructor.

Please fill in the requested information completely:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: () Work: ()

Email: _____

Birthdate: _____ Age: _____ Height: _____ Weight: _____

Previous Kendo Experience (N/A if not applicable):

Months/Years: _____ Where: _____

Rank (if any): _____ Date Rec'd: _____ By: _____

In Case of Emergency, please notify:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: () Work: ()

I certify that the information that I have provided is true and accurate to the best of my knowledge. I acknowledge that by signing this form I agree to follow all rules, regulations, and by-laws of **Westside Kendo Dojo** and that I do so of my own free will.

Signed: _____ **Date:** _____