

SOSUISHI-RYU



AUSTRALIA

No. _____

Date _____

MEMBERSHIP APPLICATION

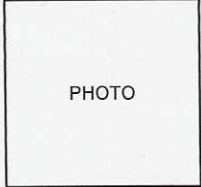
NAME

ADDRESS

POSTCODE PHONE

DATE OF BIRTH

PROFESSION



I HEREBY AGREE TO ABIDE BY THE LAWS OF DISCIPLINE OF THE ABOVE

SIGNATURE **CLUB**