

SMP Arnis Registration Form

Last Name: _____ First Name: _____ M.I. : _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ ZIP/Postal: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Have you, or do you currently, train in any type of Filipino Martial Arts? Yes No

If so, please tell us about your experience and training:

Have you previously studied any other forms of martial arts? Yes No

If yes, specify style: _____ Highest rank received: _____

Instructor's Name: _____

What would you like to get out of your association with SMP? What can you offer to the association?

Annual association dues are \$20 and must accompany your registration form. You may mail a check or money order payable to "*Diane Ortenzio-Cooling*" along with the application to Diane Ortenzio-Cooling, PO Box 3042, Gardnerville, NV 89410. You may also pay electronically through Venmo to @Diane-Ortenzio-Cooling, or through PayPal to *dianeoc@sierradojo.com* and email the application to *dianeoc@sierradojo.com*

Signature of Applicant (print and sign, or type in signature)

Age

Date (format: MM/DD/YYYY)