Hsin Lu International

For Office Use Only
Date Rec'd: _____
Date Prcsd: _____
Processed By: _____
Mbrshp #: _____
Mbrship Fee:
Ck or MO#_____
OL Rcpt #_____

Membership Application

Category of Membership (Circle One): New Renewal

Name: _____
First Middle Initial Last

Address:_____
Street City State Zip Country

DOB: __/__/_____ Email Address: _____

Telephone Number:_____

List Styles Practiced: _____

Years in Martial Arts: _____ Current Rank:_____

Date of Last Promotion: __/__/_____ Promoting Authority_____

Rank of Promoting Authority: _____

Are you currently actively teaching: Yes No School Name: _____

School Address: _____
Street City State Zip Country

School Telephone Number: _____

List other Associations to which you belong:
_____ Since what year: _____
_____ Since what year: _____
_____ Since what year: _____

To become a member, please **fill out this application completely** and submit it with your **membership fee** if you have not already paid on line. Membership fee is $25.00 for one (1) year. Send Membership Application to:

Hsin Lu International
9155 Dyer, Suite B-80 #158
El Paso, Texas 79924

I would like to become a member of Hsin Lu International, and have filled out this application completely and accurately. (Circle One) I am submitting dues/I have paid dues on line of $_____ to accompany my application.

Applicant Signature: _____ Date: ____/____/_____

Hsin Lu Family of Martial Artists

The information contained within this document is privileged and private between Hsin Lu International and the Applicant mentioned above. Information contained within this document will not be given to any third party in any way or by any means whatsoever without the express written permission of the applicant, unless circumstances arise that it is a legal requirement to do so, and under these circumstances the applicant or the applicant's parent or guardian if under the age of 18 yrs will be notified accordingly.