

Individual & Family Membership Form

Please fill out the information below for a single individual or the head of the family and return this form along with your check in the appropriate amount for your yearly dues to: Seidokan Aikido, 13297 9 Mile Road, Battle Creek, MI 49014

☐ Individual	☐ Family	New	Renewal
Name			Birthday
Address	City		State, Zip Code
	E-mail		
Dojo	Rank		Date Received
Fill in the information below for additional family members.		nembership year, please your Seidokan dojo.	e give Date
Name		Birth Date	Current Rank
Name		Birth Date	Current Rank
Name		Birth Date	Current Rank
Name		Birth Date	Current Rank
☐ 1st Time Member (any age) \$30	☐ Additional Adult (age 13 a	ınd up) \$15/each □	Additional Child (age 5–12) \$10/each
FOR OFFICE USE ONLY	Communicator Mailings	#1 #2 #3	#4 □ E-Mail □ USPS
Check No.	Received By:	Received	Date: