

SDA Membership Application

Single Membership - \$50 Additional Family Members - \$25
Please attach a separate form for each person

AMOUNT ENCLOSED: \$ _____ Renewal (circle): YES NO
Name: _____ Email: _____
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____
Rank: _____ Test Date: ____/____/____
Teacher: _____ Do You Teach: YES NO
School: _____
Address: _____
City: _____ State: _____ Zip: _____

Make checks or money orders payable to the Shaolin-Do Association. Do not send cash!

Return application(s) and payment(s) to: SDA
c/o Sin Thé Karate School, LLC
282 Gold Rush Rd., Suite 120
Lexington, KY 40503