

ALLIANCE



REGISTRATION FORM
P.O. Box 126 West Manchester OH 45382
1-808-778-8768
usnmat@hotmail.com
www.usamahof.com



All New Members & Renewals will Receive:
A Packet with Alliance Patch, Diploma, Alliance ID Card & More

PLEASE (Print/Type LEGIBLY)

Name: _____ Age: _____ Male/Female: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Occupation: _____
Email: _____

Name of "Alliance" Representative who encouraged you to join (if any)

How long have you been training in the Martial Arts: Years _____ Months _____

Give a brief History and Bio on the back of this page:

Martial Arts School you represent: _____
Address: _____
City: _____ State: _____ Zip: _____
Your Rank: _____ Your Instructor: _____

PayPal Available
Send to:
usnmat@hotmail.com
Note: If using 'PayPal' we still
need your Alliance Membership
Form sent in via email or
U.S. Mail
usnmat@hotmail.com

_____	1 Year
_____	\$40.00
_____	Lifetime
_____	\$100.00

PLEASE SEND Registration Form TO:
"Alliance"
P.O. Box 126 West Manchester OH 45382

Please Place
ID Photo
Here
or email to:
usnmat@hotmail.com

We MUST have your photo for
your ID Card