

# ALLIANCE



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