

**Edmonton Northern River Karate School  
Association  
Membership Form**

Name:	Date:
If Child, Parent or Guardian Names:	

Address:	
Telephone at home:	Telephone at work:
E-mail Address:	

Birth Date:	Occupation:
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Previous Martial Arts Experience:

Other Hobbies, Interests and Skills:

If Child, School and Grade:

I understand and agree to the responsibilities of ENRKSA membership. _____ member's signature _____ parent's signature
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<b>paid by ____ post-dated cheques @ \$ _____</b>
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