

SMP Arnis Application

This form is fillable using your phone or PC, then saved as a file. Email the completed form to PGDiane@SMPArnis.org.

Annual association dues are \$20 and must accompany your registration form.

You may pay electronically through Venmo to @Diane-Ortenzio-Cooling, or through Zelle to 775-790-5050 and email the application to PGDiane@smparnis.org.

Today's Date: _____

Last Name: _____ First Name: _____ M.I. : _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Birthdate: ____/____/____ Sex: Male Female

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email address: _____@_____

Tell us about yourself.

My profession is: _____

Briefly tell us about your martial arts history: (arts studied, how long, any rank achieved, and who promoted you).

What would you like to get out of your affiliation with SMP Arnis?

Signature

Date