
HEARTLAND MARTIAL ARTS LEAGUE
STUDENT MEMBERSHIP

HMAL MEMBERSHIP NO.
#19-S _____

NEW
RENEWAL

DATE OF BIRTH

AGE

SEX M/F

LAST NAME

FIRST

MIDDLE INITIAL

ADDRESS

CITY

STATE

ZIP CODE

() - _____
PHONE NO.

HMAL SCHOOL NAME

INSTRUCTOR'S NAME

MEMBER'S SIGNATURE

PARENT/GUARDIAN SIGNATURE

\$15.00 Annual Membership Fee

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