



Member Information Update

Please complete one form for each member of your family.

Current Programs enrolled in (Please check): LEMA-Martial Arts ___ LEMA-Cage Fitness ___ LEMA-Premium ___

LEMA Allentown ___ LEMA Bethlehem ___

Current Belt Rank _____

Member Info

Student's Name: _____ Age: _____ D.O.B ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Email: _____

Father's Name: _____ Mobile: _____ Email: _____

Mother's Name: _____ Mobile: _____ Email: _____

Billing Info

Please complete your preferred method of payment

(Your monthly tuition will be billed to the account below)

Checking Account:

Bank Name _____

Financial Institution (Routing #) _____ Acct # _____

From credit card: (Please circle credit card type on this form)

Visa

MasterCard

Name on Credit Card _____ CC# _____

Expiration Date on Card _____ Verification # (3 digits on back) _____

Signature of Authorizing person: _____ Date signed _____