



Member Information Update

Must be completed by 8-1-17

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: _____ Email: _____

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

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

Billing Info

From credit card: (Please circle credit card type on this form) Visa / MC / Amex

Name as it appears on the Credit Card: _____

CC#: _____

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

Signature of Authorizing person: _____ Date signed _____

Billing Phone and Address for Credit Card if different from home address: _____
