



KOKUSAI KARATE KOBUDO KYOKAI

P.O. Box 275
SWAYZEE, IN 46986
765-603-7047

paste 1 photo here
attach 1 more with
the application
form

Dojo Application Form

Please type or print carefully. Forward the completed application form, 2 recent passport size photos, copies of your most recent certificate(s) of rank and any other relevant documents to the regional representative or mail them to the headquarters, along with a detailed resume.

Membership Type: Karate Kobudo Jujutsu Iaido Aikido (Check all that apply)

Dojo Information

Date of Founded: _____
(yyyy/mm/dd)

Name: _____

Address: _____
(street) (city, state/province, postal code) (country)

Country: _____ Telephone: _____ Email: _____

Membership Level: Dojo \$50 per year (Must fill out dojo application)

Instructor Information

Name: _____

Rank: _____ Years in Grade: _____

Issuing Organization(s): _____

Total Years of Study: _____ Number of Students: _____

Primary Style(s): _____

Application Recommended by: _____

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge,

applicant's signature ***date*** (yyyy/mm/dd)

Name in Japanese Katakana: _____

OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION

Application reviewed by: _____
name / 氏名 date / 年月日