



# 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

## Membership 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)

### Contact Information

Date of Birth: \_\_\_\_\_  
(yyyy/mm/dd)

Name: \_\_\_\_\_ Male/Female  
(family) (given)

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

Nationality: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Level:  Individual \$35.00 per year  
 Dojo \$50 per year (Must fill out dojo application)

### Education & Professional Background

Education Received: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years in Profession: \_\_\_\_\_

### Martial Arts Background

Total Years of Study: \_\_\_\_\_ Member of Club/Dojo: \_\_\_\_\_

Primary Style(s): \_\_\_\_\_

Current Rank(s) and Issuing Organization(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