TRADITIONAL JKA SHOTOKAN CANADA

Individual/Club Application for Membership

NAME _____
surname first name initial

ADDRESS _____
street number city

_____
province postal code area code & telephone number

PRESENT JKA RANK _____ kyu / dan BIRTH DATE _____
month date year

INDIVIDUAL MEMBERSHIP _____ CLUB MEMBERSHIP _____
yes no yes no

NAME AND ADDRESS OF DOJO ___DAKOTA KARATE CLUB_____

_____1188 DAKOTA STREET, WPG MB_____

NAME OF SENSEI ___KELLY NEALE_____

POSITION IN DOJO ___STUDENT_____
eg. student, instructor, affiliate

DATE OF APPLICATION _____

I, the undersigned do hereby agree to abide by all by-laws and regulations of Traditional JKA Shotokan Canada. And fully understand that suspension from the association may be incurred for any serious infraction of the by-laws and regulations. I also waive the right to any and all claims towards the association, if I incur injury due to my affiliation with the association.

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN _____
(if under 19 years of age)

ENDORSEMENT OF CHIEF INSTRUCTOR _____

PAYABLE TO: Traditional JKA Shotokan Canada
c/o Dave Smith, Box 313, Rosetown, SK S0L 2V0