



KARATE MANITOBA
 145 Pacific Ave
 WINNIPEG, MANITOBA
 R3B 2Z6

APPLICATION FOR MEMBERSHIP

Membership Year: 2011 - 2012

Please Print

Information on this form is confidential and for internal use only.

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____
STREET CITY POSTAL CODE

TELEPHONE: _____ E-MAIL _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____
(month/day/year)

Please circle present rank

KYU RANK:		BLACK BELT	
9	White	1	Shodan
8	Yellow	2	Nidan
7	Orange	3	Sandan
6	Green	4	Yondan
5	Purple	5	Godan
4	Purple	6	Rokudan
3	Brown	7	Hichidan
2	Brown	8	Hachidan
1	Brown		

Official's certification: Please complete if applicable

PROVINCIAL: KATA LEVEL _____ KUMITE LEVEL _____

NATIONAL: KATA LEVEL _____ KUMITE LEVEL _____

INTERNATIONAL: KATA LEVEL _____ KUMITE LEVEL _____

N.C.C.P.
 CERTIFICATION: TYPE: _____ LEVEL: _____
(Please complete if applicable ie: A,B,C, etc.)

I hereby make application to Karate Manitoba and agree to abide by the regulations that may from time to time be in force.

In consideration of your acceptance of my application fees, I hereby for myself, my heirs, executors, administrators and assigns (hereinafter referred to as the "Applicant") do hereby remise, release and forever discharge Karate Manitoba and the Karate Manitoba Executive, their heirs, assigns, officers, representatives, agents, employees and members, sponsoring organizations, and owners of properties on which Karate Manitoba sanctioned events are held or to be held of all manner of actions, claims or demands against Karate Manitoba. I, the applicant, ever had, now have, or can, shall or may hereinafter have, for or by any reason of becoming a member of Karate Manitoba, or for any loss, damage or injury sustained by the applicant.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
(IF APPLICANT UNDER 18 YEARS OF AGE)

REGISTRATION FEE: (13 YEARS AGE AND OLDER) **\$35.00** (UNDER 13 YEARS OF AGE) **\$25.00**
PAYMENT MUST BE ENCLOSED

NAME OF DOJO: _____

STYLE OF KARATE: _____

SIGNATURE OF DOJO HEAD: _____

REGISTRATION NUMBER: _____ MEMBERSHIP DIRECTOR: _____