

For Office use

Date recorded _____

Assn.# _____



INTERNATIONAL

KARATE CONNECTION

MEMBERSHIP APPLICATION

Please print clearly

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ PHONE (W) _____

Date of birth _____ Sex _____

Hair color _____ Eyes _____

Height _____ Weight _____

MARTIAL ARTS SCHOOLS ATTENDED

School _____

System _____

Address _____

City _____ State _____

Instructor _____

Dates From _____ To _____

Rank attained _____

School _____

System _____

Address _____

City _____ State _____

Instructor _____

Dates From _____ To _____

Rank attained _____

For more schools please use the back of this page.

I do hereby apply for membership in the International Karate Connection Association. I have read and understand the BYLAWS and the Creed of the International Karate Connection Association. I agree to abide by the rules and ideals set forth by them as long as I am a member.

Signature _____

Date _____