



Picture

Membership Application Form

(Please write in capital block letters only)

* = obligatory to fill out

*Given Name: _____

*Family Name: _____

*Country: _____

*Email: _____

* Date of birth: _____ * Sex: Male / Female

* Last Dan grade: _____ *Organisation: _____

* Date of examine : _____ *Examiner: _____

* Supported by member of Shihankai (Name):

Adress: _____

Telephone / Fax: _____

With your signature you allow us to publish at our website www.KSK-Academy.org your name, Dan grade, organisation and member status This replaces the yearly authentication of your membership by a KSKA brand

* Date _____ Place _____

* Signature: _____

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