



For Office Use Only
Club Membership

AJKA-I

American JKA KARATE Association
I N T E R N A T I O N A L

Club Application for Membership
\$100.00US Annual Fee

Date: _____

Mail to: AJKA Club & Member Services
Alsoszabadhegyi ut,96 Nagykanizsa 8800 Hungary
Email to: safar@americanjka.org

Club Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Email Address: _____

Phone #: _____ Message#: _____

The following is to be completed by the Club Owner

Member #

Passport #

HEAD INSTRUCTOR: _____ Birthdate: _____ Sex: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Number of years training in Shotokan: _____ Rank: _____ Instructor: _____

Club/Organization: _____ Certifications: Instructor ___ Referee ___ Examiner ___

Member #

Passport #

ASST. INSTRUCTOR: _____ Birthdate: _____ Sex: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Number of years training in Shotokan: _____ Rank: _____ Instructor: _____

Club/Organization: _____ Certifications: Instructor ___ Referee ___ Examiner ___

I AGREE TO INSTRUCT AND PROMOTE MY STUDENTS PER THE AMERICAN JKA KARATE ASSOCIATION STANDARDS. I AGREE TO SUPPORT AND HELP PROMOTE THE AMERICAN JKA KARATE ASSOCIATION, AND I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Head Instructor

Date

Signature of Asst. Instructor

Date

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Date Received: _____ Amount Received: _____ Received By: _____

Check#: _____ Cash: _____ Credit Card Online Payment: _____

Sensei Otis Visit: _____ Membership Processed on: _____ Mailed on: _____