



J.K.A. INTERNATIONAL OF CANADA

HEADQUARTERS C/O P.O. BOX 2837
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INDIVIDUAL APPLICATION FOR MEMBERSHIP

FOR MEMBERSHIP YEAR: 2010-11

NAME: _____
Last Name First Name Initial

ADDRESS: _____
Street No. City

Province Postal Code Telephone No.

E-Mail address (for updates to newsletters, upcoming events, special events, etc)

PRESENT JKA RANK: _____ Kyu
Dan DATE OF BIRTH: _____
month/day/year

(White=9th, Yellow=8th, Orange=7th,
Green=6th, Purple=5th, 4th, Brown=3rd, 2nd, 1st)

GENDER: _____

NAME AND ADDRESS OF DOJO: _____

Dojo Status/Location (Check box with 'x'): School Community Club Owner

(dojo status to be completed by instructors only)

NAME OF SENSEI: _____

POSITION IN DOJO: _____
Example: Student, instructor, affiliate

I, the undersigned do hereby agree to abide by all by-laws and regulations of the Japan Karate Association International of 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: _____ **DATE:** _____

SIGNATURE OF PARENT OF GUARDIAN: _____
(If applicant is under 19 years old)

ENDORSEMENT OF CHIEF INSTRUCTOR: _____

JKA Membership # _____ (Number to be issued by Main Dojo)

A JKA Membership Card will be issued within 15 days of the application being completed, signed and submitted with the fee to our office. These Membership Cards will be given to each instructor (Sensei) who will in turn give them to their students. RANKING CERTIFICATES FROM TESTING WILL BE ISSUED WITHIN 15 DAYS OF TESTING. PLEASE SEE YOUR SENSEI REGARDING THESE.