



KARATE MANITOBA  
145 Pacific Ave  
WINNIPEG, MANITOBA  
R3B 2Z6

**APPLICATION FOR MEMBERSHIP**

Membership Year: 2010-2011

*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**

<b>KYU RANK:</b>		<b>BLACK BELT</b>	
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: \_\_\_\_\_