

JAPAN KARATE-DO ORGANIZATION, INTERNATIONAL
Membership Application / Renewal

Today's Date: _____ New Renewal

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

State: _____ Zip: _____ Home Phn: () _____

Work Phone: () _____ Fax: () _____

Occupation/Company: _____ Name of Dojo: _____

If you are a minor – Parent or guardian name: _____

Personal Records

Starting date: _____ Average weekly attendance: _____

Present Rank: Kyu Dan Date of last promotion: _____

Previous Experience (style): _____ Rank Obtained: _____

Association Name: _____ Rank Issued by: _____

Personal Tournament Record

Date	Event Name/Location	Results

Official Position

Name of Position: _____

Appointed By: _____ Date: _____ Place: _____

Special Qualifications/Citations

Qualifications Conferred/Citations Awarded: _____ Issued By: _____ Date: _____

Personal Medical History

Doctor's Name: _____ Name of HMO/PPO/Insur: _____

Comments/Limitations: _____

Amt Paid(cash/check #/credit card) _____

Date Paid: _____ Rec'd By: _____