



# J.K.A. INTERNATIONAL OF CANADA

HEADQUARTERS C/O P.O. BOX 2837  
WINNIPEG, MANITOBA, CANADA R3C 4B4  
TELEPHONE: (204) 795-6571  
sensei@midwestkaratemarjka.com

## INDIVIDUAL APPLICATION FOR MEMBERSHIP

FOR MEMBERSHIP YEAR: 2014-15

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: \_\_\_\_\_ AGE ( )  
month/day/year  
(White=9<sup>th</sup>, Yellow=8<sup>th</sup>, Orange=7<sup>th</sup>,  
Green=6<sup>th</sup>, Purple=5<sup>th</sup>, 4th, Brown=3<sup>rd</sup>, 2<sup>nd</sup>, 1<sup>st</sup>) Male/Female: \_\_\_\_\_

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 18 years old)

ENDORSEMENT OF CHIEF INSTRUCTOR: \_\_\_\_\_

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

A JKA Membership Passport Book will be issued within 25 days of the application being completed, signed and submitted with the fee to our office. These Passport Books 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.