



J.K.A. INTERNATIONAL OF CANADA

JKA Canada
Box 17 Grp 140 RR1
Beausejour, MB R0E 0C0
Ph: 204.795.6571
sensei@midwestkaratemarjka.com

INDIVIDUAL APPLICATION FOR MEMBERSHIP

FOR MEMBERSHIP YEAR: 2016-17

NAME: _____
Last Name First Name Initial

ADDRESS: _____
Street No. City

Province Postal Code Telephone No.

E-Mail address (Canadian legislation requires us to gain your consent to send electronic communications for updates to newsletters, upcoming events, special events, etc)

PRESENT JKA RANK: _____ Kyu Dan DATE OF BIRTH: _____ AGE ()
month/day/year
(White=9th, Yellow=8th, Orange=7th,
Green=6th, Purple=5th, 4th, Brown=3rd, 2nd, 1st) Male/Female: _____

NAME AND ADDRESS OF DOJO: PEACE HILLS KARATE CLUB
PARKDALE SCHOOL - 4107 54 St Wetaskiwin AB

Dojo Status/Location (Check box with 'x'): School Community Club Owner
(dojo status to be completed by instructors only)

NAME OF SENSEI: DALE CARLSON

POSITION IN DOJO: Instructor
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 15 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.