



SHOTORYU KARATE KAI MEMBERSHIP APPLICATION



I wish to apply for membership of the SHOTORYU KARATE KAI ASSOCIATION and, if accepted, agree to uphold the honour of the Association and abide by any rules laid down by the Association.

松
涛
流
空
手
会

松
涛
流
空
手
会

BLOCK CAPITALS PLEASE

Date: _____

Membership Fee: **16yrs & over £25, 15yrs & under £15**

Bank Transfer to: Sort Code: 08-90-21 Account No: 54061671 Ref: Initial Surname
or PO/Cheque made payable to: *SHOTORYU KARATE KAI ASSOCIATION*

Title Mr/Mrs/Miss/Ms/Other _____

Full Name _____

Address: _____

Post Code: _____

Mobile: _____ Landline: _____

Email: _____

Date of Birth _____ Nationality _____

Date Practice Started (approx) _____

Previous experience _____

Club Instructor: Sensei _____

Club Name: _____

Please DO NOT include me on the Shoto Ryu Karate email distribution list:

Please enclose a passport photo with your application

Office Use Only

Membership No: _____

松
涛
流
空
手
会

松
涛
流
空
手
会