

## International Federation of Karate

## **APPLICATION FOR LIFE MEMBERSHIP**

APPLICATION	(full name of applicant)  hereby apply to become a student member of the above named Federation. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.
APPI	Signature of applicant (if 18 yrs or older)  Date  Signature of parent/legal guardian  Date
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APPLICANTS' DETAILS	Address :
CANTS	Phone Grade: Dojo  Only applicable if joining with a grade from another Kyokushin organisaton and other recognized styles.
APPLIC	Email:  This is optional. If applicant is under 14yrs, parent's or guardian's email is preferred.
PROPOSER	I,, member of the International Federation of Karate
	and Operator of
<u>A</u>	Signature of proposer Date
OFFICE USE	Date application received :