



INSTITUTE OF SHOTOKAN KARATE UNITED - ISKU (Accorded By: International Shotokan Karate United-ISKU)

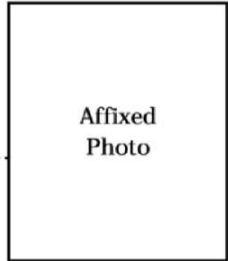
CLUB / ORGANIZATION AFFILIATION / MEMBERSHIP FORM

NOTE: Please Attach Photo Copy of any Id & Address Proof, your Bio-Data, and present DAN Rank Certificate with this form. To be filled in BLOCK LETTERS only.

Name of Club/Organization

Affiliation for State District Dojo

Name of State /District /Dojo



Name of Representative / Instructor

Date of BirthSex : Male Female

Blood Group.....

Present DAN Rank

Permanent Address

Street

City / Zip

State / Region

Country

Tel. No.Fax No.Cell.

E-mail

Website.....

Instructor Name

I agree to abide the rules & regulations of the Organization.

Date

Signature of applicant

Official use only

Place

Date of Joining

AFFILIATION / MEMBERSHIP No.

Official (s) Signature