



JAPAN KARATE DO HAKUA-KAI

OFFICIAL USE ONLY			
AFFILIATION / MEMBERSHI NO			
DATE	YEAR	MONTH	DAY

Affixed Photo
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**APPLICATION FOR JAPAN KARATE DO HAKUA-KAI AFFILIATION**

NAME OF REPRESENTATIVE		FIRST NAME			FAMILY NAME		
DATE OF BIRTH	YEAR	MONTH	DAY	NATIONALITY			
PERMANENT ADDRESS							
TELEPHONE	HOME			MOBILE		FAX	
E-MAIL				WEBSITE			
START OF KARATE CAREER				NUMBER OF MONTHS & YEARS OF EXPERIENCE			
YEAR	MONTH	DAY	YEARS	MONTHS			
KARATE STYLE (RYUHA)		CURRENT RANK		DATE OF REGISTRATION			
				YEAR	MONTH	DAY	

I declare that the information I have provided here is true and I agree to abide by the rules & regulations set forth by the Organization Japan Karate Do Hakuakai.

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF APPLICANT

**NOTE: Please attach with this form Photo ID evidence of your name and address to support your application. You must also attach photocopies of all Dan qualifications and any official positions you currently hold in any Karate Organizations. (E.g. State or National Referee or National Coach). Please fill this application in BLOCK letters.**