

Individual Registration



UNITED STATES KARATE-DO KAI

P.O. Box 9188, Springfield, IL 62791



INDIVIDUAL REGISTRATION

TYPE OR PRINT ALL INFORMATION COMPLETELY AND ACCURATELY PLEASE FILL OUT ENTIRE FORM

FULL NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: () _____
AREA CODE

E-MAIL: _____

ALL MEMBERS COMPLETE THE FOLLOWING

MALE FEMALE DATE OF BIRTH: ____/____/____ HEIGHT: ____ WEIGHT: ____

PRESENT SCHOOL: _____

CURRENT BELT COLOR: _____ CURRENT KYU OR DAN RANK: _____

STARTING DATE (if white belt): _____

PRESENT STYLE: _____ DATE OF LAST PROMOTION: _____

PRESENT SENSEI: _____ HIS OR HER RANK: _____

Type or print on the back of this form a complete outline of your Martial Arts history giving:

- Date • Dojo • Sensei • His/Her Rank
- Style • Your Rank



Attach copies of documents to support this outline. On a separate sheet of paper list all kata you perform and note the Sensei from whom you obtained each kata.

RENEWALS AND PROMOTIONS COMPLETE THE FOLLOWING

U.S.K.K. SCHOOL NUMBER: _____ U.S.K.K. MEMBERSHIP NO: _____

DATE OF PROMOTION: ____/____/____ NEW BELT COLOR: _____ KYU/DAN RANK: _____

PRIOR RANK: _____ PREVIOUS PROMOTION: ____/____/____

PRIOR STYLE: _____ PRESENT STYLE: _____

THIS FORM WILL NOT BE PROCESSED WITHOUT THE PROPER REMITTANCE OR THE FOLLOWING SIGNATURES

SENSEI: _____ DATE: _____ STUDENT: _____ DATE: _____

MAKE REMITTANCE PAYABLE TO:
UNITED STATES KARATE-DO KAI
AND ATTACH TO THIS FORM

Membership Fee:
 New Member \$35.00
(Includes Membership Patch)
 Renewal \$20.00
 Promotion \$20.00
 Renewal and/or Promotion \$20.00