TRADITIONAL KARATE INSTITUTE CANADA

INDIVIDUAL MEMBERSHIP APPLICATION

NAME _____
surname first initials

ADDRESS _____
street address city

_____
province postal code area code & telephone number

PRESENT TKIC RANK _____ kyu / dan BIRTH DATE _____

NAME AND ADDRESS OF DOJO _____

_____

NAME OF SENSEI _____

POSITION IN THE DOJO (Select one) ◯ student ◯ instructor ◯ affiliate

DATE OF APPLICATION _____

I the undersigned do hereby agree to abide by all by-laws and regulations of the TRADITIONAL KARATE INSTITUTE CANADA - TKIC, and fully understand that suspension from the association may be incurred for any serious infraction of the by-laws and regulations. I also waive the right to any and all claims towards the association, if I incur injury due to my affiliation with the association.

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN _____
(if under 19 years of age)

ENDORSEMENT OF CHIEF INSTRUCTOR _____

Annual Fee $20.00