

Beikoku Shidokan Karatedo Association

Membership Application

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I am requesting membership in the **Beikoku Shidokan Karatedo Association**. All memberships have the right to be denied or canceled at any time.

Note for current members renewing membership: On the lines with an asterisk (*) below, fill in only the sections that have changed since your last application.

1.	Check	one box. Renev	al _	First \	Year	
2.	Memb	ership I.D. #		(For c	urrent member. If	ID# is unknown, you may leave blank)
3.	Name					
4.	*Addr	ess				
5.	*City					
6.	*State/ Province					
7.	*Postal Code					
8.	*Country					
9.	Birth Date					
10.	Phone: Home					
11.	*Phone: Cell					
12.	*E-ma	ail				
13.	*Gender					
14.	*Prese	ent Rank		Dan	Kyu	
15.	*Date	of last test				
16.	*Name of Your Dojo					
17.	*Instructor's Name					
18.	Please send this application and the appropriate fee to: Beikoku Shidokan Karatedo Association 2002 Cedar St. Holt, MI 48842					
		One year	\$30			
		Three years	\$80			
		Five years	\$120			
		Life-Time	\$300			
	Signat	ture				Date