## **Membership Application**

## **2016**

I am requesting membership for the

## North American Beikoku Shido-kan Association,

directed by Hanshi Iha. All memberships have the right to be denied or canceled by Hanshi Iha at any time.

## \*On lines with an asterisk, fill in only the sections that have changed since last years application (Current members only)

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1.	Check	one box. Renew	val 🗌 Fir	st Year	
2.	Meml	pership I.D. #	(If	a current member)	
3.	Name	;			
4.	*Add	ress			
5.	*City				
6.	*State	e/ Province			
7.	*Post	al Code			
8.	*Cou	ntry			
9.	Birth	Date			
10.	*Phone: Home				
11.	*Wor	k			
12.	*E-ma	ail			
13.	Gende	er			
14.	*Pres	ent Rank	Dan	Kyu	
15.	*Date	of last test			
16.	*Name of Your Dojo				
17.	*Instructor's Name				
18. 19.	Please check this box if you <b>WOULD</b> like to be included in the <b>Shido-kan Directory</b> containing your name, rank, dojo, city, state, phone number and e-mail address. Directories will be listed and updated on our web page, <a href="www.ihadojo.com">www.ihadojo.com</a> .  Please send this application and the appropriate <b>fee</b> to: <b>Original Okinawa Karate</b> PMB #285  503 Mall Court  Lansing, MI 48912-5200				
		One year	\$30		
		Three years	\$80		
		Five years	\$120		
		Life-Time	\$300		
	Signa	ture		Dat	e