Membership Application

2017

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)

1.	Check	one box. Renev	val	First Y	ear					
2.		pership I.D. #		_	arrent member)					
3.	Name	-			,					
1.	*Addı	ress								
5 .	*City									
5.	*State	e/ Province								
7.	*Posta	al Code								
3.	*Cour	ntry								
€.	Birth	Date								
10.	Phone	e: Home								
11.	*Phor	ne: Cell								
12.	*E-ma	ail								
13.	Gende	er	Male							
14.	*Prese	ent Rank		Dan	Kyu					
15.	*Date	of last test								
16.	*Nam	*Name of Your Dojo								
17.	*Instr	*Instructor's Name								
18. 19.	be list	Please check this box if you <u>WOULD</u> like to be included in the Shido-kan Directory containing your name, rank, dojo, city, state, phone number and e-mail address. Directories will be listed and updated on our web page, <u>www.ihadojo.com</u> . Please send this application and the appropriate fee to: Original Okinawa Karate 2002 Cedar St. Holt, MI 48842								
		One year	\$30							
		Three years	\$80							
		Five years	\$120							
		Life-Time	\$300							
	Signa	Signature					D ₄	ate		