## **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)

		Since ia	st years	иррпс	ation ( Current )	inclination of	<u> </u>		
1.	Check	one box. Renew	val 🗌	First Y	Year				
2.	Memb	ership I.D. #		(If a cu	urrent member)				
3.	Name								
4.	*Add	ress							
5.	*City								
6.	*State	e/ Province							
7.	*Post	al Code							
8.	*Cou	ntry							
9.	Birth	Date							
10.	*Phor	ne: Home							
11.	*Wor	k							
12.	*E-ma	ail							
13.	Gende	er	Male						
14.	*Pres	ent Rank	I	Dan	Kyu				
15.	*Date	of last test							
16.	*Nam	e 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							