



Shotokan Traditional Karate-Do Association (STKA)

Affiliated to : Japan Traditional Karate Association (JTK)



JAPAN
TRADITIONAL KARATE ASSOCIATION
日本伝統空手協会

APPLICATION FORM FOR AFFILIATION / RENEWAL

NAME OF ORGANIZATION / DISTRICT : _____

NAME OF INDIVIDUAL / CLUB / ACADEMY : _____

NAME OF REPRESENTATIVE : _____

PRESIDENT : _____

SECRETARY : _____

DATE OF BIRTH : _____ GENDER (M/F): _____

PRESENT DAN RANK : _____

PERMANENT ADDRESS : _____

PIN _____

Mobile No. _____ / _____

Email : _____ AFFILIATION FEES : _____

WE HEREBY DECLARE AND CONFIRM THAT THE INFORMATION FURNISHED BY US ARE TRUE AND AFFILIATION / RENEWAL OF OUR ASSOCIATION FORM SHOTOKAN TRADITIONAL KARATE-DO ASSOCIATION (STKA) IS THE SUBJECT TO ABIDE BY RULES & REGULATION AND TERMS & CONDITION FOLLOWED BY US AND MEMBERS. WE ALSO UNDERSTAND THAT 'STKA' HAS RIGHT TO CANCEL THE AFFILIATION ANY TIME IN CASE ASSOCIATION FOUND INVOLVED IN ANY ANTI ASSOCIATION ACTIVITY.

DOCUMENTS REQUIRED AT THE TIME OF SUBMISSION OF THIS FORM :

- ❖ A PHOTOCOPY OF THE DOCUMENT AS THE ADDRESS PROOF
- ❖ A PHOTOCOPY OF THE LAST BLACK BELT DAN CERTIFICATE
- ❖ 2 COLOUR PHOTOGRAPHS OF THE APPLICANT

DATE :

Signature of the Applicant

FOR OFFICE USE

AFFILIATION No. : _____

Date : _____

Official (s) Signature

Administrative Office Address : 9 Baksara 1st Bye Lane , Howrah – West Bengal , Pin - 711110