

**NIHON KARATE-DO ITOSU-KAI
MEMBERSHIP**

Individual Membership Form

Personal Information

Please print clearly and complete all requested information. This information will remain confidential.

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ / _____ / _____ Gender: _____ Male _____ Female
Month Day Year

Address: _____

Telephone: _____ e-mail: _____

Emergency Contact Name and Telephone: _____

Annual Membership Fee

I have enclosed the applicable annual membership fee in the form of:

_____ Cash _____ Check or money order payable to Nihon Karate-Do Itosu-Kai

Signature: _____ Date: _____

For Office Use Only – Do not write in this area.

Membership # _____ Issue Date: _____ / _____ / _____
Month Day Year

Membership Pmt. Record: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____