

IKKA EUROPE

MEMBERSHIP APPLICATION

School / Club Information

Name of School/Club Owner

Name of School

Address City State Zip Country

Contact Phone numbers E-mail address Website Address Year School Established

Instructor Information

Head Instructor

Rank

Date of Birth

Kenpo Black Belt Ranking History

Please fill out the date of all degrees of Black Belts you have certifiably earned. Please add the name of the instructor you got promoted by.

1 st Black	2 nd Black	3 rd Black	4 th Black	5 th Black

6 th Black	7 th Black	8 th Black	9 th Black	10 th Black

Past Martial Arts Training History

Please use the boxes below to give us a brief history of you Martial Arts training

Styles/Systems			
Last Rank Earned			
Head Instructor			

Martial Arts Organization History

Please list all Martial Arts Organization involvement

Organization Name			
Last Rank Earned			
Head Instructor			

I certify that the above statements made herewith are true and that I understand that falsification of any item or failure to comply with said requirements, rules and regulations will result in immediate termination in the International Kenpo Karate Association Europe.

.....
Applicant's Signature

.....
Date