JKA World Federation America Membership Request Form

Name:_____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ (Mobile or Land)

Request for:

Individual Membership _____ or Club Membership _____

Current Experience:

Current Rank _____ When last Received _____

Karate or Martial Art Style _____

If Club Membership:

How many current students? _____

Why do you want to join JKA-WFA?

_____

_____

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Signature: _____ Date: _____

Submit form to kwangmail@aim.com