

PLEASE RETURN THIS FORM, WITH PAYMENT TO YOUR DOJO HEAD FOR PROCESSING

**TRADITIONAL SHOTOKAN
KARATE-DO FEDERATION OF
AUSTRALIA**



ACN: 137 175 350

MEMBER INFORMATION			
Member First Name:	Surname:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Preferred Name:			
Previous JKAA Regn Number:	Postal Address:		
City:	State:	Postcode:	Home phone no.: ()
Mobile:	Email:	Date of Joining JKAA/TSKF:	
Affiliated State:	Membership Type: <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Life	Current Rank:	Club/Dojo: TSKF
Country of Citizenship:	Birth Date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Dojo Head: <input type="checkbox"/> Tick if applicable
BLACK BELT REGISTER			
<i>(If this information has already been supplied please disregard)</i>			
1st Dan Grading	Date:	Certificate No:	
2nd Dan Grading	Date:	Certificate No:	
3rd Dan Grading	Date:	Certificate No:	
4th Dan Grading	Date:	Certificate No:	
5th Dan Grading	Date:	Certificate No:	
6th Dan Grading	Date:	Certificate No:	
<i>Privacy Statement</i>			
<p><i>The above information is true to the best of my knowledge. I acknowledge that all information recorded on this form is primarily for the use of the Traditional Shotokan Karate-do Federation of Australia Pty. Ltd. and our Insurance Company. The information will be used for administration and insurance purposes only for the business of TSKFA and will remain private and confidential.</i></p>			
<p>_____ Applicant or if under 18 years Parent or Legal Guardian Signature</p>			<p>_____ Date</p>