



American Amateur Karate Federation

445 S. Figueroa Street, Suites 2600 & 2700
Los Angeles, CA 90071

Telephone: (888) 939-8882 Fax No. (888) 939-8555 E-Mail Address: Office@AAKF.org

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name of Club:		
Club Number:	Style System:	
First Name:	Middle Initial:	
Last Name:		
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address:		
City:	State:	Zip Code:
Telephone No.	E-Mail:	

Fee:

Type of Application

- New Membership (\$30 first year)
- Renewal (\$20 until March 31)
- Re-issue (lost or transfer)

Term of Membership is 1 Year

Date: _____

I would like to apply for membership in the American Amateur Karate Federation. I hereby affirm that I will adhere to all the rules and regulations of the Federation and promise to conduct myself so that I will not disgrace the honor of the membership. I accept the risk of any injury sustained while training and will not hold the organization liable therefore.

Applicant's Signature

Guardian's Signature (if applicant is 17 years old or younger)



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