

American Amateur Karate Federation

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

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name of Club:			ub Registration No. Sty					yle System				
First Name	iddle	Last Name								Sex		
Street Address		<u>, </u>						State		Zip Co	ode	
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E-Mail Address		Area Code		Telephone No.				Date of Birth				
Fee: Type of Application □ New Membership (\$35)* □ Renewal (\$25)* □ Re-issue (lost or transfer) Term of Membership is 1 Year *Check with your region for any additional fees.	would like to apply for membership in the American Amateur Karate ederation. I hereby affirm that I will adhere to all the rules and egulations of the Federation and promise to conduct myself so that I will ot disgrace the honor of the membership. I accept the risk of any injury ustained while training and will not hold the organization liable herefore. Applicant's Signature Guardian's Signature (if applicant is 17 years old or younger)											
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