

Membership Application

2010

I am requesting membership for the
North American Beikoku Shido-kan Association,
directed by Hanshi Iha. All memberships have the right to be
denied or canceled by Hanshi Iha at any time.

***On lines with an asterisk, fill in only the sections that have changed
since last years application (Current members only) .**

1. Check one box. Renewal ____ First Year ____
2. Membership I.D. # _____ (If a current member)
3. Name _____
4. *Address _____
5. *City _____ * 6. State/ Province _____
7. *Postal Code _____ 8. Country _____ 9. Birth Date _____
10. *Phone : Home (____) _____ 11. *Work (____) _____
12. *E-mail Address _____ 13. Gender _____
14. *Present Rank _____ Dan _____ Kyu
15. *Date of last test _____
16. Name of Your Dojo _____
17. Chief Instructor's Name _____
18. Please check this box if you **would** like to be included in the **Shido-kan Directory** containing your name, rank, dojo, city, state, phone number and e-mail address. Directories will be listed on our web page, www.ihadojo.com .
19. Please send this application and the appropriate **fee** to:

Original Okinawa Karate (make check payable to same)
PMB #285
503 Mall Court
Lansing , MI 48912-5200

- One year \$30**
- Three years \$80**
- Five years \$120**
- Life-Time \$300**

Signature _____ Date _____