

Mob : +91 9032666902
Email : skio.karate@gmail.com
Web : www.shotokan.org.in



Membership No :

Traditional Shotokan-Ryu Karate Do Union

APPLICATION FORM FOR AFFILIATION

DOJO DISTRICT STATE COUNTRY

NAME :

DATE OF BIRTH.....NATIONALITY :

MOBILE :.....EMAIL :

CURRENT ADDRESS :

.....
.....

GENDER :..... STATE.....

DISTRICT :.....PIN :

NUMBER OF STUDINTS.....YEAR IN MARTIAL ARTS EXPIRANCE

.....WEBSITE :

RANK/BELT.....STYLE.....

NAME OF ORGANIZATION/ASSICIOTION/ACADEMY/CLUB.....

.....

UNDERTAKING

- 1) My personal progress in my area Organization will be monitored by TSKU HQ as rules & regulations the Organization to consider extension of my further membership.
- 2) If I am suspended from TSKU I may not be allowed to join another Martial arts Association, Organization or Federation without TSKU no Obejection Certificate (NOC)
- 3) I am intending hereby to get legally bound to conditional membership of TSKU.
- 4) I Shall gave information of all my activities to TSKU HQ I shall not entert ain of TSKU.
- 5) I shall responsible for suspension if work against rules & regulations of TSKU.
- 6) All the matters concerning the instructor & Gen.secretary shall be subject only to the jurisdiction of courts of Law at Hyderabad.
- 7) I have read all above conditions & hereby agree to abide by the rules and regulations of TSKU.

PLACE :

DATE :

SIGNATURE OF APPLICANT