



UNITED ISSHINRYU KARATE ASSOCIATION

MEMBERSHIP APPLICATION

PERSONAL INFO

NAME: _____ DATE OF BIRTH: __/__/____

PHONE: (____) ____ - ____ E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: __ ZIP: _____

ISSHINRYU EXPERIENCE

DOJO AFFILIATION: _____

CHIEF INSTRUCTOR: _____

RANK: _____

MEMBERSHIP CHOICES

- | | |
|--|---|
| <input type="checkbox"/> One year (\$25) | <input type="checkbox"/> New Membership |
| <input type="checkbox"/> Five year (\$100) | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Lifetime (\$200) | |

PLEASE MAIL APPLICATION & CHECK TO:

UIKA

15222 HAYS ROAD

SPRING HILL, FL 34610

Make Checks payable to **UIKA**.