

The Chinese Karate Federation



Please complete form and mail with a check for:

\$200 School Membership \$150 Club Membership*
 Black belt Fee: \$50.00: ___ Check Here

Mail and make checks payable to:

Chinese Karate Federation
 5891 South Military Trail
 Suite 5 A
 Lake Worth, Florida 33463

Include: Two (2) passport size photos and a copy of last rank certificate received

*Club Membership applies to schools with 50 students or less.

www.chinesekarat federation.com

SCHOOL MEMBERSHIP APPLICATION

Name _____ D.O.B. _____ Sex _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____ Work Phone _____

Occupation _____ Employer _____

Name of School _____ School Address _____

School Owner _____ Rank of Owner _____ # of Active Students _____

MARTIAL ARTS TRAINING HISTORY

<u>Style/System</u>	<u>Address</u>	<u>Instructor</u>	<u>Length of Training</u>	<u>Rank</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you presently a member of a martial arts organization? Y N Organization: _____

I confirm that the information above is correct and true to the best of my knowledge, and do hereby submit my application for school membership in the CKF. By signing this form, I agree to have my name posted as a CKF school member on the CKF website.

Signature _____ Date _____