# INTERNATIONAL KARATE KOBUDO FEDERATION

102 Cleveland Avenue, Reading, Pennsylvania. 19605 USA
Ph: (610) 921-3601 * IKKF Web Page: http://www.ikkf.org * Email: "ikkf@ikkf.org"

## 2014 APPLICATION FOR AFFILIATED DOJOS / ORGANIZATIONS

( ) **Dojo Affiliation** - (Minimum of 5 Active Members Required)
( ) **Organization Affiliation** - (Minimum of 10 Active Members Required)

Name of Dojo / Organization_____

Address _____

City _____State _____ Zip _____

Country _____ Phone ( ) _____

Name of Dojo / Org. Head _____

Style _____ Rank _____

Years in Arts _____ Teacher(s) _____

Affiliations _____

GENERAL INFORMATION: o IKKF Registration for : ( ) Karate, ( ) Karate-Kobudo, ( ) Kobudo

o No. of Affiliated Dojos : _____ (Main & Branches - List on back of form)

Each IKKF Registered Affiliated Dojo / Organization MUST either be under the direction of an IKKF Licensed Instructor, or be Sponsored by a IKKF Licensed Instructor.

o Dojo / Org. Head IKKF Licensed: ( ) Yes, ( ) No; If No. Id. Sponsor _____

New or Existing **Affiliated Dojos** should submit with the completed application, payment of **FIFTY DOLLARS** per calendar year, or portion thereof *(SEVENTY FIVE DOLLARS for Main Dojo plus unlimited number of Branches).* All Renewals are due on January 1st of each year. It is expected that ALL individual members of the Affiliated Dojo will become and maintain active individual membership in the IKKF.

New or Existing **Affiliated Organizations** should submit with the completed application, payment of **ONE HUNDRED DOLLARS** per calendar year, or portion thereof. All Renewals are due on January 1st of each year. It is recognized that ALL individual members of the Affiliated Organization who are practicing and training in IKKF Arts and desire to receive Rank Certification are required to become individual members of the Federation.

By applying for affiliation, I hereby fully and unconditionally release the IKKF, its Officers and Directors, and Licensed Instructors from any and all claims for any and all injuries, accidents, or losses that I may receive while practicing the Karate-Kobudo arts sponsored by this Federation.

Signature of Dojo / Org. Head _____ Date_____

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Date Approved by IKKF _____ **IKKF Dojo / Org. Reg. No.** _____