INTERNATIONAL KARATE KOBUDO FEDERATION

2015 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 Chartered Dojo / Affiliated Organization MUST either be under the direction of an IKKF Licensed Instructor, or be Sponsored by a IKKF Licensed Instructor.

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

Fees: New or Existing IKKF CHARTERED DOJO **$50.00 / yr.** (plus $25.00 / yr. for each Branch Dojo)
New or Existing IKKF AFFILIATED ORGANIZATION **$100.00 / yr.**

All Renewals are due on January 1st of each year. Make payment to: IKKF

For IKKF DOJOS it is expected that ALL members of the Affiliated Dojo will become and maintain active individual membership in the IKKF. For IKKF AFFILIATED ORGANIZATIONS it is expected that ALL individual members of the Affiliated Organization who are practicing and training in IKKF Arts 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 or Kobudo arts sponsored by this Federation.

Signature of Dojo / Org. Head _____ Date_____

Mail to:
International Karate Kobudo Federation, 11 Club Lane, Reading, Pennsylvania. 19607 USA
Ph: (610) 921-3601 * IKKF Web Page: http://www.ikkf.org * Email: ikkf@ikkf.org

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