

# 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"

## 2017 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 ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Dojo / Org. Head \_\_\_\_\_

Style \_\_\_\_\_ Rank \_\_\_\_\_

Years in Arts \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Affiliations \_\_\_\_\_

- 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 \_\_\_\_\_

**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 members of the Organization who are practicing and training in IKKF Arts are required to become individual members of the IKKF.

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.** \_\_\_\_\_