INTERNATIONAL KARATE KOBUDO FEDERATION

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2017 DOJO / ORGANIZATION MEMBERSHIP RENEWALS

DOJO / ORGANIZATION _____

SENSEI _____ RANK _____

D / O ADDRESS _____

_____ ZIP _____

MEMBER NAME (Print Clearly)	KKF Membership No. Exp. Yr.	Memb. Type (K), (K-K), (KO)	Renewal Year (s)	Fee

TOTAL FEES: $ _____

Complete this for CAREFULLY and LEGIBILY. Mail with payment for the full amount of the Renewal Fees. Do not send cask. Requests will be filled prompty upon arrival.