INTERNATIONAL KARATE KOBUDO FEDERATION

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2019 DOJO MEMBERSHIP RENEWALS

IKKF CHARTERED DOJO _____

SENSEI _____ RANK _____

DOJO 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. Check or Money Order only, do not send cash. Requests will be filled prompty upon arrival.