INTERNATIONAL KARATE KOBUDO FEDERATION

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2025 DOJO MEMBERSHIP RENEWALS

DOJO / ORGANIZATION _____

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 (PLEASE PRINT). Mail with payment for the full amount of the Renewal Fees. Do not send cask. Requests will be filled prompty upon arrival.