

INTERNATIONAL KARATE KOBUDO FEDERATION

2024 APPLICATION FOR AFFILIATED DOJOS

Dojo Affiliation - (Minimum of 5 Active Members Required)

Name of Dojo _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone () _____

Name of Dojo Head _____

Style _____ Rank _____

Years in Arts _____ Teacher(s) _____

Affiliations _____

GENERAL INFORMATION: IKKF Registration for : () Karate, () Karate-Kobudo, () Kobudo

No. of Affiliated Dojos : _____ (Main & Branches - List on back of form)

Each IKKF Registered Chartered Dojo MUST either be under the direction of an IKKF Licensed Instructor, or be Sponsored by a IKKF Licensed Instructor.

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

Fees: New or Existing IKKF CHARTERED DOJO **\$55.00 / yr.** (plus \$25.00 / yr. for each Branch Dojo)

All Renewals are due on February 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.

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 Reg. No. _____