

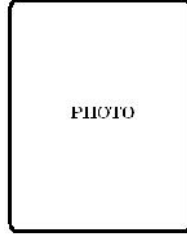


YUDANSHAKAI KARATE INTERNATIONAL

56/6, Akhil Padmashali Samaj Marg 6th Lane, S. P. Road, Nagpada, Mumbai-400008.

Mobile: 9221059303 Email: grandmaster@yki.co.in

APPLICATION FOR DOJO AFFILIATION



To,
The Grandmaster

Dear Sir,

I wish to apply for affiliation to my martial arts class under the above mentioned association and I will conduct my martial arts class under the rules & regulation of Y.K.I. As below mentioned everything is true & correct from my site. I attached three-passport size photographs with this form.

APPLICANT NAME: _____

RESIDENCE ADDRESS: _____

CONTACT NUMBER: _____ **SEX (M/F):** _____

DATE OF BIRTH: _____ **AGE:** _____

DOJO NAME: _____

DOJO ADDRESS: _____

LIFE MEMBERSHIP CARD NUMBER: _____ **ISSUED ON:** _____

PRESENT RANK: _____ **CERTIFICATE NUMBER:** _____

ISSUED FROM: _____

YEAR OF EXPERIENCE IN MARTIAL ARTS: _____ **NUMBER OF DOJOS:** _____

NUMBER OF INSTRUCTORS: _____ **NUMBER OF STUDENTS:** _____

SENIOR INSTRUCTOR NAME: _____

**SIGNATURE OF
INSTRUCTOR IN CHARGE**

**SIGNATURE OF
SENIOR INSTRUCTOR**

Date: _____