American Amateur Karate Federation

Telephone: (888) 939-8882 Fax No. (888) 939-8555 E-Mail Address: Office@AAKF.org

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name of Club:	Club Registration No.	Style System

First Name	Middle	Last Name	Sex

Street Address	City	State	Zip Code

E-Mail Address	Area Code	Telephone No.	Date of Birth

Fee:

Type of Application
- ☐ New Membership ($35)*
- ☐ Renewal ($25)*
- ☐ Re-issue (lost or transfer)

Term of Membership is 1 Year
*Check with your region for any additional fees.

I would like to apply for membership in the American Amateur Karate Federation. I hereby affirm that I will adhere to all the rules and regulations of the Federation and promise to conduct myself so that I will not disgrace the honor of the membership. I accept the risk of any injury sustained while training and will not hold the organization liable therefore.

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Applicant's Signature

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Guardian's Signature (if applicant is 17 years old or younger)

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