

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. Sty							le System					
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First Name	N	<u> </u>	ddle Last Name					Sex							
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E-Mail Address	Area Code		Telephone No.						Date of Birth						
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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.	would like to apply for membership in the American Amateur Karate deration. I hereby affirm that I will adhere to all the rules and gulations of the Federation and promise to conduct myself so that I will t disgrace the honor of the membership. I accept the risk of any injury stained while training and will not hold the organization liable erefore. pplicant's Signature uardian's Signature (if applicant is 17 years old or younger)														
Telephone:	(888)	939-8882		888) 93	39-855	55 E-	·Mail A)AAKF	org			
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