



BUDOBAS INTERNATIONAL

Karate-do Academy

Membership Application Form

Name: _____

Name of the Chief Instructor: _____

Name of the Style: _____

Home or Club (postal address): _____

Telephone No: _____, **Mobile No:** _____

E-Mail Address: _____

Website Address: _____

Years of Training: _____, **No of instructor:** _____, **No of Black Belt:** _____, **No of Kyu Belt:** _____.

State Membership: , **District Membership:** , **Individual Membership:** .

Confirmation

I would like to associate the membership of Budobas International Karate-Do Academy.
I submit my membership application to join the BIKA to obtain the knowledge of karate-do.
I will obey the rules and regulation of Budobas International Karate-Do Academy.

Date: _____,

Applicant Signature: _____.

Affiliation approves Date:

Registration Number:

President Signature: