

SKU



SHOTOKAN KARATE UNION

松濤館空手連盟

DOJO / CLUB AFFILIATION APPLICATION FORM

**READ CAREFULLY & COMPLETE ALL QUESTIONS
PRINT CLEARLY IN BLOCK CAPITALS USING BLACK INK**

**Return your completed application form
with all the required supporting documentation to:
shotokankarateunion@yahoo.com**

**Payment of Affiliation Fees
Should be made after emailing your form.
[Shotokan Karate Union payment screen](#)**

PERSONAL DETAILS

Position at the Club

First name(s)

Surname

Address

Town or City

County

Postcode

Country

Telephone

Mobile

Email

Website

Male Female

Date of birth

Occupation

KARATE CLUB & AFFILIATION DETAILS

Club Name

New Members

Clubs Current Affiliated Organisations

Who are they Affiliated to

How long have you been affiliated to them

Will you be remaining affiliated to your current Organisation during
your period of SKU Affiliation YES NO

Tick here if your Club **does NOT exclusively practice
Shotokan Karate-do.**

What style of Karate does your Club practice

Name of Clubs Chief Instructor

Grade of Clubs Chief Instructors

Name of Clubs Admin Officer

Admin Officers Email Address

How many students regularly train at the Club

How many students are: Under 16 Over 16 years old

How many years has the club existed

New member **£50.00 GBP**

Existing Members (Renewal)

SKU Club Affiliation Number

Previous SKU Club Affiliation Expiry Date ____/____/____

**Please note: Dojo / Club Affiliation will be renewed for one year and
will run continuous from the previous expiry date.**

Renewal **£50.00 GBP**

I will undertake to abide by the Constitution and the Rules of the
SKU together with any amendments that may be made during the
period of Affiliation. The SKU reserves the right to refuse an
application or terminate a current affiliation without notice.

Signature of Applicant

Date