

SKU



SHOTOKAN KARATE UNION

松濤館空手連盟

INDIVIDUAL ASSOCIATE MEMBERSHIP 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 Individual Associate Membership Fees
Should be made after emailing your form.
[Shotokan Karate Union payment screen](#)**

PERSONAL DETAILS

First name(s)

Surname

Address

Town or City

County

Postcode

Country

Telephone

Mobile

Email

Website

Male Female

Date of birth

Occupation

Will you remain a member of your current Organisation during your period of SKU Associate Membership YES NO

KARATE & GRADE DETAILS

Your Club Name

Your Current Grade Ungraded Kyu Dan
 Tick here if your grade is **NOT** a Shotokan Karate Grade

What was the date of your current Grading ____/____/____

Name of the Examiner

Their Grade status

What style of Karate-do is your Grade in

Name of Organisation that Issued your current Grade

New Members MUST give the **EXACT** date that you started training with your SKU Club ____/____/____

Please Note: New Members must supply the following support information with your first membership application

- 1 x current, passport size photo
- photocopied Grade Status proof of both Your Licence / Record Book and Your Grade Diploma / Certification which must be signed at your current Grade Status

New member **£30.00 GBP**

Existing Members (Renewal)

SKU Associate Member ID Number

Expiry Date on your previous Card ____/____/____

Please note: Individual Associate Membership will be renewed for one year and will run continuous from the previous expiry date.

Renewal **£30.00 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 my membership. I am aware that SKU Shotokan Karate-do is a strenuous activity and that it is my responsibility as the Applicant (or their parents / guardians*) to ensure that I / the Applicant has consulted with a medical physician and has been passed as medically fit to participate. The SKU reserves the right to refuse an application or terminate a current membership without notice.

Signature of Applicant

Date

Please note: * This form must be signed by the applicant or a parent or guardian on behalf of any applicant who is under 18 years of age

PLEASE NOTE (*read carefully*) Once your membership fees have been cleared we will return your Individual Associate Membership ID Number Card, please allow one week.

Payment of Individual Associate Membership Fees [Shotokan Karate Union payment screen](#) **must be made after returning your form.**

Please ensure this form is fully answered then return it by Email with all the appropriate supporting documentation stated above to: shotokankarateunion@yahoo.com