

PLEASE RETURN THIS FORM, WITH PAYMENT TO YOUR DOJO HEAD FOR PROCESSING

**JAPAN KARATE ASSOCIATION
OF AUSTRALIA ® (JKA) PTY. LTD.**

ABN: 86 097 014 214



MEMBER INFORMATION				
Member First Name:	Surname:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Preferred Name:
Current JKAA Regn Number:	Postal Address:			
City:	State:	Postcode:	Home phone no.: ()	
Mobile:	Email:			Date of Joining JKAA:
Affiliated State:	Membership Type: <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Life	Current Rank:	Club/Dojo: JKA	
Country of Citizenship:	Birth Date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Dojo Head: <input type="checkbox"/> Tick if applicable	

BLACK BELT REGISTER		
<i>(If this information has already been supplied please disregard)</i>		
1st Dan Grading	Date:	Certificate No:
2nd Dan Grading	Date:	Certificate No:
3rd Dan Grading	Date:	Certificate No:
4th Dan Grading	Date:	Certificate No:
5th Dan Grading	Date:	Certificate No:
6th Dan Grading	Date:	Certificate No:

Privacy Statement

The above information is true to the best of my knowledge. I acknowledge that all information recorded on this form is primarily for the use of the Japan Karate Association of Australia (JKA) Pty. Ltd. and our Insurance Company. The information will be used for administration and insurance purposes only for the business of JKAA and will remain private and confidential.

Applicant or if under 18 years Parent or Legal Guardian Signature

Date