



ASIA PACIFIC SHITORYU KARATEDO FEDERATION

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2 Passport
size photos

REGISTRATION OF BLACK BELT MEMBERS

NAME IN FULL: _____ DATE OF BIRTH: _____

[MR/MS/MRS]

NAME OF ORGANISATION: _____ COUNTRY: _____

PROFESSION: _____ PASSPORT NO: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

RANKING:	<u>GRADE</u>	<u>DATE OBTAINED</u>	<u>ISSUING AUTHORITY</u>
	Shodan	_____	_____
	Nidan	_____	_____
	Sandan	_____	_____
	Yondan	_____	_____
	Godan	_____	_____
	Rokkudan	_____	_____
	Shichidan	_____	_____

SIGNATURE

DATE

PLEASE ATTACH PHOTOSTAT COPIES OF CERTIFICATES & 2 PHOTOGRAPHS

OFFICIAL USE

AMOUNT PAID : _____

ANNUAL FEES : US\$10.00

RECEIPT NO : _____

MEMBERSHIP NO : _____