



World Gojuryu Karate Association (W.G.K.A) Watanabe Ha

MEMBERSHIP APPLICATION FORM

Date: _____

Name of Proposed Country for which membership is sought

Name of Proposer/ Applicant:

Contact Details:

Mobile Number _____ Telefax _____

Residential _____ Phone _____

Email _____ Website _____

Address with Proof: _____

Current Dan _____ Date of issue _____

Name of Association _____

Style from which Dan is issued: _____

Number of years since learning Martial Arts and Number of years since teaching:

Name all styles of Martial Arts in which Dan is Held, names of all National Bodies and International Bodies where Membership is held or was held in the last 5 years, (Attach copy of certificates):

Names and addresses of Schools- Dojo where training is held under the applicant's supervision

Names, phones numbers, residential address of black belt members associated/ affiliated with the applicant (Kindly attach list with proof)

Reason for seeking membership in WGKA Watanabe Ha:

Signature of Applicant/ Proposer

Date: _____, Place: _____