

ATRKK Membership Application

Please complete and return in person to the Honbu Dojo at 15591 County Road D50 * Bryan, Ohio 43506

Family name		Title	
Given names		Date of Birth	
DOJO	Franz Karate, Ltd. – Bryan, Ohio – ATRKK Honbu Dojo		
Occupation / Employer			
School/College/University			
Home Address			
City, State and Zipcode			
Telephone Number			
Email address			
Social Security Number			
Date Training Began			
Have you trained before?	Yes		
	Karate		
Rank Achieved			

Have you ever suffered from, or do you suffer with any illness or disability? If yes, please give details overleaf:	Yes/No
Have you ever been convicted of a crime of violence, or of any offense? If yes please give details overleaf.	Yes/No

I wish to become a member of ATRKK and, if accepted, I promise to uphold the honor of Karate-Do and to follow the practice methods laid down by the association's principal, Mr. Steven M. Franz. I understand that I am not authorized to instruct. I confirm all the details given by me are correct.

Signed

Dated

If applicant is under 18 consent of Parent or Guardian is required:

Signed (Parent/Guardian)

Dated

N. B. Any health / criminal details will be kept confidentially on record by your club membership secretary and shared with the instructors, but may also be passed to the insurers, to the national ATRKK executive or to instructors in other dojo (if, for example, you are attending courses at other dojo). Your other personal details will likewise be kept by your dojo and national ATRKK for administration purposes including grading. Agreement to such use is a condition of membership. Some dojo may also share your contact details with other dojo members. Please tick here to let the club secretary know if you object to the latter.

Please use this page for explanations as required above.

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