

KEN SHIN KAI KARATE CLUB

MEMBERSHIP APPLICATION FORM

NAME OF APPLICANT: _____
Chinese Characters (if applicable): _____
NRIC number: _____ Sex: M / F
Age: _____ Handphone: _____
House phone: _____ Fax: _____
Email address: _____
Correspondance address: _____



Recent Photograph

Date of Birth: _____ Nationality: _____
Blood type: _____ Allergy of Medicine _____
Occupation: _____
Place of work: _____
Formal Martial Art Experience: _____

Formal rank and style of Martial Art: _____

Coaching qualification: _____

Remarks: _____

Signature of Applicant

Date

Please saved and email to us, or print it after filling in all required info, then post it to us at our PO Box 1130, Robinson Post Office.