



# NPO法人 世界硬式空手道連盟

## 入会申込書

Non Profit Organization World Koshiki Karatedo Federation  
Individual Membership Registration Form

よみがな				会員番号No.	
お名前 Name	Given name	middle name	Family name	写 真  Photograph	
生年月日 Date of birth	年 year	月 month	日 (満才) date Age		男・女 Male/Female
身長 Height	cm		体重 Weight		kg
血液型 Blood Type			視力 Vision		
ご住所 Address	〒				
電話番号 Tel			携帯番号 Mobile		
Eメール E-mail	@				
勤務先 Occupation					
道場名 Dojo name			流派 Style		
師範名 Instructor			段位 Rank		
道場住所 Dojo address					
電話番号 Tel			Eメール E-mail		
武道、大会経験等 Promotion / tournament record Experience teaching					
健康状態 General State of Health					

私は、世界硬式空手道連盟の活動趣旨を理解し入会致します。

I, the undersigning declare upon my honour all the above mentioned information is correct, and after having acknowledged all the regulations join the KOSHIKI KARATEDO \_\_\_\_\_ DOJO and to obey those regulations, and to avail myself of any accident insurance at my own expense, and agree that I shall have no claim or recourse against the instructor or any other personnel in the event of an accident of injury arising out of or in the course of participation in such activities or use of your facilities.

署名  
Signature

西暦 年月日  
Date