



School Membership Application

(All applications are subject to approval by the Board)

(Mail to: IKCG, 207-F Cambridge St. Burlington, MA 01803)

Last Name: _____ First Name: _____ M.I.: _____

Title(if any): _____ (Sensei, Shihan, etc.) Rank: _____

Date of last promotion: _____ (mm/dd/yyyy) By whom: _____

Martial art primary style: _____ D.O.B. _____ (mm/dd/yyyy)

Mailing Address _____ Apt# _____

City _____ State _____ Zip _____ Country _____

Contact Phone(_____) _____ - _____ E-Mail _____

School or Affiliation _____

School Address _____ Suite# _____

City _____ State _____ Zip _____ Country _____

Instructor: _____ Instructor Rank: _____

Were you referred to the IKCG by a member? If so, who? _____

What type of events are you interested in attending from the IKCG (check all that apply):
 Seminars Tournaments Promotions/Testing Social events Other: _____

Please describe in a few words your current and future expectations from the IKCG and your reasons for joining: :

I certify the above information to be true to the best of my knowledge.

(Member Signature)

Date