



Professional Karate Association®
職業空手道協會

Lifetime Membership Application

Name: _____
First / Last / Middle

Street Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Telephone Number: _____

E-mail address: _____

Your Style of Martial Arts: _____

Date you started training: _____

Your Current Rank: _____

Year you receive that Rank: _____

Your Instructors Name: _____

Associations you belong(ed) to: _____

Your Date of Birth: _____
Month and Day Only

