



United Isshinryu Karate Association

Membership Application

Personal Information

Name: _____ Date Of Birth: _____

Address: _____

City / State / Zip: _____

Phone Number: () _____

E-Mail: _____

Rank Information

Current Rank: _____

If being promoted, to what rank: _____

When: _____

Dojo Affiliation

Dojo: _____

Dojo Address: _____

Chief Instructor: _____

Membership Options

One Year Membership (\$30)

New Membership

Lifetime Membership (\$200)

Renewal

PLEASE MAIL APPLICATION AND CHECK TO:

UIKA

15222 Hays Road

Spring Hill, FL 34610

!!! please make checks payable to UIKA !!!

Web - unitedisshinryukarate.com Email - unitedisshinryukarate@gmail.com Facebook - [facebook.com/theUIKA](https://www.facebook.com/theUIKA)