



INTERNATIONAL JAPAN KARATE-DO ASSOCIATION

国際日本空手道協会

Personal information

Name: _____

Sex: _____

Date of Birth: _____

Nationality: _____

Mailing Address (country, city, etc.): _____

Tel/mobile: _____

Email: _____

The date of admission in IJKA: _____

Dan: _____ Date of Dan the exam: _____

*Please send the photo of the certification with this form

Qualification: _____ Obtained it in IJKA or in other organization: _____

*Please attach the photo of your (IJKA or other karate) passport that shows your qualification with this form

What status do you have in IJKA?

Country Chief Instructor / International Instructor / Kenshusei / Head of Dojo(club) / Other: _____

Your Dojo's information

Name of your Dojo (Club): _____

The date of establishment: _____

The date of registration in IJKA: _____

Mailing Address (country, city, etc.): _____

Tel: _____

Email: _____

Do you have Dojo (Club) registration certificate from Kato Shihan? (Yes / No)

*If you have certification, please send us the photo of it.

How many members are registered in your Dojo (Club)? _____

Please contact Laszlo Vitko sensei (IJKA Hungary).

After completing this form, please send it back to him by email to ijka@karate-japan.org