

NEW MEMBER APPLICATION FOR SKKI

REGISTRATION FEE \$30

I. PERSONAL INFORMATION

Name: _____ Age: _____ Sex: M F
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
E-mail Address: _____

II. MARTIAL ARTS BACKGROUND: (Please attach a copy of your rank certificates.)

1. How long have you been training in the Martial Arts? _____
2. Are you currently training? Y N Are you currently teaching? Y N
3. If so, please give the name of the School: _____
4. Are you currently affiliated with any other organizations or Kais? If so, please name:

III. INTERESTS:

1. Are you interested in receiving more information about the Korean Division? Y N
2. Are you interested in receiving more information about the Chinese Division? Y N
3. Are you interested in receiving more information about the Koinonia Martial Arts Conference? Y N

