



CANADIAN SHOTOKAN KARATE ASSOCIATION

APPLICATION FOR MEMBERSHIP

Full Name of Association or Club:

Postal Address:

Name of President or head instructor

DAN:

Name of examiner:

Date received:

Telephone -

Fax:

E-mail:

Web page:

Number of Member Clubs / Dojos:

Number of Individual Members:

Signature of President

Date _____

Please submit completed application or any enquiries, to cska@telus.net