



国際日本武術空手道

DATE FROM	COUNTRY	FEE
DATE END	DAN	YEARS

YUDANSHAKAI APPLICATION FORM No

SURNAME (Mr, Mrs, Miss) _____

FORNAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____

OCCUPATION _____

ADDRESS _____

TELEPHON No _____ MOBILE _____

PHOTO

WORLD CHIEF INSTRUCTOR

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