

RYUKYU ASSOCIATION OF KARATE & GUNG-FU



GROUP MEMBERSHIP APPLICATION FORM

NAME OF ASSOCIATION / FEDERATION / GROUP / CLUB: _____.

NAME AND ADDRESS OF INSTRUCTOR: _____.

INSTRUCTOR'S QUALIFICATIONS: _____.

STYLES PRACTICED: _____.

CLUB ADDRESS: _____.

DATES / TIMES OF TRAINING: _____.

BRIEF HISTORY OF THE ORGANISATION & IT'S SENIOR INSTRUCTORS: _____.

_____.

_____.

_____.

_____.

SIGNED: _____ . DATE: _____.

FEE: **£20-00** PLEASE MAKE CHEQUE OR POSTAL ORDER PAYABLE TO "R.A.O.K.G.F." AND POST TO "R.A.O.K.G.F 133 TUNNEL ROAD, GALLEY COMMON, NUNEATON, WARWICKSHIRE, CV10 9NW, UNITED KINGDOM."