

**International Seishin ryu Karate Federation**  
**Membership Application**  
**(Below 20 Yrs.)**

ĩĩmQ¾K ku .....  
Name In Full .....

,smsskh .....  
Address .....

Wmka Èkh .....  
Date of Birth .....

mdif,a ku fYa%Ksh  
Name of School ..... Grade .....

ia;%S mqreI Ndjh cd;sh  
Sex (Male/Female) ..... Nationality.....

cd;sl ye`ÿkqĩm;a wxlh ÿrl:k wxlh  
National I.D. No ..... Phone No .....

lrdf;a l%Svdj mqyqKq ù we;akñ mqyqKq jQ ix.uh, ffY,sh, ld,h, iy ±re fYa%Ksh i`oyka lrkak  
Have you ever practiced karate sport! If so give details of association, style, and length of time in  
Training plus grade attained.  
.....  
.....

j¾;udk ;k;=r :- WmfoaYl YsIH  
Current State Instructor Student

my; i`oyka wikSmhlska Tn fmf<kafkao? lreKdlr wod, fldgqfð i`oyka lrkak  
Do you suffer from any of the following? If yes, please tick

kyr wmyiq;djhka weÿu frda.h yDo frda.  
Nervous Disorders Asthma Heart Disorders

wmiaudrh yqiau .ekSug wmyiquùula  
Epilepsy Respiratory Problems  
fjk;a  
Other

floskl fyda Tn jeroslrejl= jYfhka Widúhlska o`vqjĩ ,nd ;sfio? Tú ke;  
Have you ever been convicted of a crime or violence? Yes No

.....  
Date Signature of applicant Parents Signature

<i>Fees</i>	<i>Received By</i>	<i>Checked By</i>	<i>Date</i>
<i>Admission Fee</i>			
<i>Training Fee</i>			
<i>Total</i>			