



WORLD HEADMASTERS & SOKESHIP COUNCIL



INDIVIDUAL LIFETIME MEMBERSHIP APPLICATION FORM

NAME: _____

DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

PROFESSION: _____

NAME OF MARTIAL ARTS SYSTEM: _____

DOJO LOCATION: _____

SYSTEM/STLYE OF MARTIAL ART _____

YEAR YOU BEGIN TRAINING? _____ HOW MANY DAYS A WEEK DO YOU CURRENTLY TRAIN _____

PRESENT RANK: _____ CERTIFIED BY: _____

WHAT YEAR DID YOU OFFICIALLY CREATE, FORM OR FIND YOUR SYSTEM OR STYLE? _____

DATE RANK RECEIVED: _____ NAME OF SCHOOL: _____

INSTRUCTOR'S NAME: _____ INSTRUCTOR'S RANK _____

MUST INCLUDE THE FOLLOWING:

- 1. Copy of current martial arts certificate, awards certificates of recognition, etc.
- 2. Photo ID picture (1x1) and one (1) photo in gi/uniform
- 3. Outline describing the uniqueness of your Martial Arts System/Style, concept and principals.
- 4. Curriculum or syllabus showing basic techniques, kata/forms, weapons, etc.
- 5. Copy of System/Style uniform patch/emblem

SIGNATURE _____

DATE: _____

