



APPLICATION FOR MEMBERSHIP

Full Name of Association/Federation:

Number/Date of national legal status (foundation) *Attach a copy*

Postal Address:

Office Address:

Name of President:

DAN: Date of last national homologation:

Telephone:

Fax:

Mobile:

E-mail:

Web page:

Name of Secretary General:

Number of Member Clubs/Dojos:

Number of Individual Members:

Main Styles Practiced:

We hereby confirm that our federation/ association has a democratic structure and that the board of directors is freely elected. We accept the statutes, the rules and regulations of the IKU - International Karate Union.

Date _____

Signature of President

Stamp (If any)

Please send it to: generalsecretary@ikunion.org