

I.K.O. MATSUSHIMA KYOKUSHINKAIKAN KARATE ORGANIZATION – JAPAN



Branch Representative:
SENSEI BEJOY KUMAR DHARA, KOLKATA (INDIA)



AFFILIATION FORM

Name of Instructor _____

Full Address _____

Cell No. _____ Phone no. _____

E -mail ID. _____

Name of Previous Organization _____

Name of Yours Organization _____

Current Rank _____ Issuing Authority _____

Affiliations: (Please list current affiliations) _____

Date of Application _____

Declaration:

I, _____ hereby declare and confirm that I have registered myself as a under **Branch representative Sensei Bejoy Kr. Dhara** of I.K.O. Matsushima Org. Honbu with my own desire and I will follow all rules & regulations of this Branch. If I found involve in any case of Criminal/Civil Offence or by any act for spoiling the atmosphere, prestige and dignity of Karate Do then Branch Representative have right to cancel my membership. The above said information is given by me with my best of knowledge and by my own decision. Below mentioned signature is witness of my declaration.

Full Name _____

_____ Applicant Signature

Membership Status: Approved or Denied

Approved By: _____ Approval Date _____

Signature of Branch Representative (India)