

# American Wado Karate-Do Federation International Registration Form

The purpose of the American Wado Karate-Do Federation International is to promote Wado Karate in the United States of America by using the following methods:

1. Help spread and ensure pure Wado Karate-Do in the United States;
2. Create an organization to help select and fund teams for international competition;
3. Help instructors by providing training, workshops, clinics, and guidelines that may be used to help maintain pure Wado Karate-Do;
4. Provide a newsletter for students and instructors to help them know what is happening with Wado Karate in other parts of the U.S.A. as well as other parts of the world.

All new members will receive a registration card with a new membership number which will be their official member number for as long as they are involved with Wado Karate. Also, they will receive an official AWKF arm patch.

## ***YOU MUST BE A CURRENT MEMBER OF THE AWF TO PARTICIPATE IN SANCTIONED EVENTS***

The following information must be completed by the applicant and submitted to Headquarters, USA-WKF. For families, submit a separate application for each family member participating in Wado Karate.

### **MEMBERSHIP FEES:**

Regular Membership: \$25.00/year – Anyone over 12 years of age and all brown and black belts

Family Membership: \$50.00/year per family

### **IT IS VERY IMPORTANT FOR THE FOLLOWING TO BE COMPLETE AND LEGIBLE**

This is a **New Registration:** (\_\_\_)      **Membership Renewal:** (\_\_\_)

For **Single** (\_\_\_) \$25.00 each      **Family** (\_\_\_) \$50.00 per family

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date you started Wado: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Instructor \_\_\_\_\_ Dojo \_\_\_\_\_

Dojo Address \_\_\_\_\_

### **Dates for the following:**

Kyu Level Rank: \_\_\_\_\_ (Current Belt Rank, if below Black Belt)

Most recent Dan (Black Belt) Rank Advancement:

Dan Rank                      Date                      Official Organization Certification Number

\_\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_\_

### **Send completed form and check to:**

American Wado Federation  
P.O. Box 141  
Patton, CA 92369

Make checks payable to: **American Wado Karate-Do Federation International**

**NOTE:** You should receive your new membership card 2 to 4 weeks after this form is received.

Please include the date you placed this registration form in the mail: \_\_\_\_/\_\_\_\_/\_\_\_\_