

ISKF Individual Member Information

Region: Northwest

Name _____

Address _____

City _____ State _____ Zip _____

Tel: Home: () _____

Tel: Other: () _____

Fax: () _____

E-Mail: _____

Date of Birth _____ / _____ / _____
 Month Day Year

Rank _____

Club: Kaizen Shotokan Karate

ISKF Membership Card expiration date: **Dec. 31**

Please print all information clearly. This is for home and regional headquarters use only and will not be provided to any other sources.