



## American Masters Membership Application

### APPLICANT INFORMATION

Name:

Style:

Rank:

Length of Training:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

Cell:

Fax:

Instructor's Name:

Instructor's Address:

Recommendation from your instructor or Hokubei Karate-do Shihankai (Shihankai) Members:

Dan Certification's Information from Nidan: (Name of the chief examiner, Date of the award, Name of the style):

Check one

Shihan Rank 6 DAN - 8 DAN

Sensei Rank 4 DAN 5 DAN

Shido-in Rank 1 DAN - 3 DAN

Special Award or Recognition (if any):

### SIGNATURES

The undersigned hereby holds harmless and indemnifies Shihankai, the officers, employees, board members, and other participants, either individually or jointly, from and against any and all claims and demands resulting directly or indirectly from membership application, becoming members, participation in the training or any other activity sanctioned by Shihankai, a non-profit organization registered in CO.

**Signature of Applicant:****Date:**     /     /

### OFFICIAL USE

Date:

Payment received:

Amount: \$100.00

Send check and application, copies of certificates, recommendation letters to:

**HOKUBEI KARATE-DO SHIHANKAI**  
**Shoji Nishimura, Executive Vice President**  
**24133 Grayston Dr.**  
**Lake Forest, CA 92630**

E-mail: usawado@cox.net  
 Phone: (949) 768-5325