

North America



Masters Association

## Yudanshakai Membership Application

### INFORMATION

Name:

Style:

Rank:

Length of Training:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

Cell:

Fax:

Check one

Shihan Rank 6 DAN - 8 DAN

Sensei Rank 4 DAN 5 DAN

Shido-in Rank 1 DAN - 3 DAN

### 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: \$35.00

Send check and application to

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

E-mail: [usawado@gmail.com](mailto:usawado@gmail.com)

Phone: (949) 233-2691