Sekai Budo Hozonkai

International Headquarters

P.O. Box 275

Swayzee, In 46986

membership@hozon-kai.org

Please Email a passport style photo with your application



Dojo Membership Application Form

Please type or print carefully. Forward the completed application form, copies of your most recent certificate(s) of rank and any other relevant documents to the regional representative or email them to the headquarters. **Please send payment through paypal to cmjones@yushikan.org**

Membership Type: [ ]  Karate [ ]  Kobudo [ ]  Jujutsu / Aikijujutsu [ ]  Iaido / Kenjutsu [ ]  Click here to enter text.

**Contact Information** Founding Date: Click here to enter text.

Dojo Name: Click here to enter text. Chief Instructor: Choose an item.

Address:Click here to enter text.City/State:Click here to enter text.Country: Click here to enter text.

Telephone: Click here to enter text.Email: Click here to enter text.

Membership Level: [ ]  Dojo $60.00 year.

**Education & Professional Background**

Education Received:Click here to enter text.

Occupation:Click here to enter text.Years in Profession: Click here to enter text.

**Martial Arts Background**

Instructor Total Years of Study: Click here to enter text.

Primary Style(s):Click here to enter text.

Current Rank(s) Click here to enter text. Issuing Organization(s):Click here to enter text.

Assistant Instructor’s Name and Grade:Click here to enter text.

Application Recommended by:Click here to enter text.

***I hereby certify that the information contained in this application is true and accurate to the best of my knowledge, and I hereby sign this document electronically and accept that it constitutes my legal signature.***

Applicants Signature : Click here to enter text. Date Signed:Click here to enter text.

 **OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION**

Name in Japanese Katakana:

Application reviewed by:

name / 氏名date / 年月日