

**Independent Karate Schools of America
Instructor Membership Application**

Name: _____ **Age:** _____ **Date:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Email: _____ **Date of Birth:** _____

Highest Rank Obtained: _____

Present Instructor: _____

School Name or Dojo: _____

School Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Number of Black Belt Students: _____

Number of Under Belt Students: _____

Please Sent Mail to (circle one): **-Home Address-** **-School Address-**

Please include the following with your application:

Detailed outline of your martial arts training

Photocopy of your current rank certificate

Recent photo

Check or money order for \$110 for two year charter; or \$175 for five year charter (Fee will be returned if application is denied)

Make check payable to IKSA and send to:

IKSA Administrative Director

1171 Lula Lane

Franklin, TN 3706

Applicant certifies the above is true and correct: _____

Signature