



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

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

Home Address: _____ **City:** _____

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

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

**Have you been convicted of a felony? Yes ___ No ___ : If yes, explain on separate sheet
(Please note that incarcerated persons may not apply)**

Martial arts background/resume (add separate sheet if necessary)

Years of Training/Systems or Styles/Ranks or Levels Obtained: _____

Present Instructor: (if none put none) _____

Membership Fees (check choice)

Five year membership: \$105.00 _____

Three year membership: \$75.00 _____

One year membership: \$45.00 _____

Add an IKSA rank certificate: \$25.00 _____ (copy of current rank certificate required)

Please include the following with your application:

Photocopy of your current rank certificate (if adding an IKSA rank certificate)

Recent photo

Check/money order payable to IKSA (Fee will be returned if application is denied)

Send Application and fees to:

IKSA Director

1171 Lula Lane

Franklin, TN 37064

Applicant certifies the above is true and correct: _____

Signature