

Admission Application Form

_____/month ____/date ____/year

To:
Non Profit Organization
International Goodwill Kendo Club

Applicant:

Name: _____

Address: _____

Phone: _____

FAX: _____

E-mail: _____

I agree to the purpose of N.P.O Goodwill Kendo Club with my application of admission.

Date of Birth	_____/month ____/date ____/year	Age	<input type="checkbox"/> male <input type="checkbox"/> female
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About your Achievement: your degree within All Japan Kendo Federation

Kendo	Shi Dan	Iaido	Shi Dan
Jodo	Shi Dan	Naginatado	Shi Dan

Your title and Group name if you belong to any kind of Kendo group in/out of Japan.

Company's name _____ Title _____

Company's address _____

Company's Phone _____ Company's Fax _____

If any _____