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| **World Traditional Karate-do Association International Dan Certificate Request** | | | |
| **DATE** |  | | |
| **FIRST NAME** |  | **LAST NAME** |  |
| **MAILING ADDRESS** |  | | |
| **CITY & PROVINCE** |  | **POSTAL CODE** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **PHONE #** |  | **EMAIL** |  |
| **PRESENT RANK** |  | **WTKA Canada Certificate Number** |  |
| **Current WTKA Canada Dan Certificate Attached (\*\* Attach on Page 2)** | **YES**  **NO** | **WTKA International Certificate Fee (~ $100 CDN)** |  |
| **Would You Like Your Name and Rank Registered with International Organization Website?** | **YES**  **NO** | **Dan Rank Website Registration Fee (~ $50 CDN)** |  |

**Picture of Current WTKA Canada Dan Certificate**

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| **FOR OFFICE PURPOSE ONLY** | |
| **DATE RECEIVED** |  |
| **INFORMATION AND PAYMENT RECEIVED** |  |